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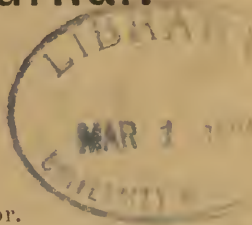

[ESTABLISHED 1843.]

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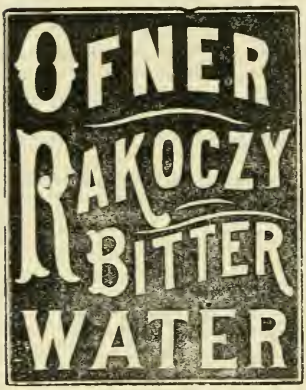

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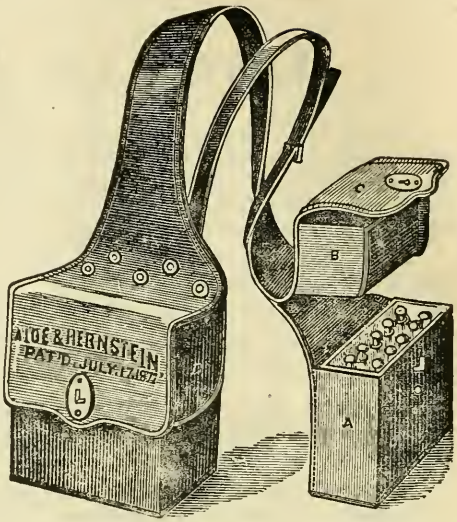

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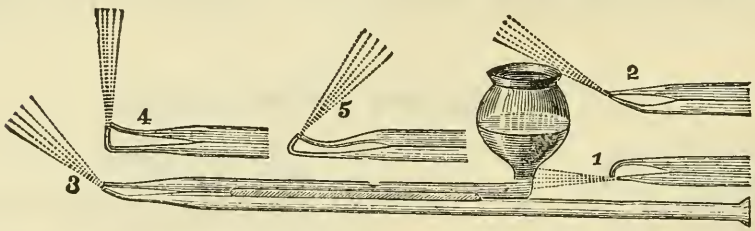

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Original Contributions.

Article XXX.

OPHTHALMIC MEMORANDA.

Artificial Pupil. By Wm. Dickinson, M. D., of St. Louis.

It is not proposed to present an exhaustive essay upon this subject, but to direct attention to some of the curable forms of blindness, and to give emphasis to, and present proof of the declaration, that many cases of blindness, deemed incurable, enforcing a dependant existence, are yet remediable by the kindly ministries of ophthalmic surgery.

Without question the iris is very intolerant of agencies that tend to mar its structure, or interfere with its functions, especially if these be applied in a rude manner; and this liability to quick resentment must ever be kept vividly in mind by him who shall attempt operation upon it. Modern surgery, however, has proved that the iris will permit very considerable manipulation, and yet no destructive reaction be occasioned thereby; and in consequence of this immunity inestimable benefits have been bestowed upon the blind, since in innumerable instances most useful vision has by them been regained.

This conviction of irritability was formerly entertained in regard to serous membranes wherever found; consequently many, who, from gun shot wounds especially, had suffered extensive laceration of the peritoneum, were considered doomed and no particular effort made to rescue the patient from impending death; a painless death, an *euthanasy* being the sole object and end of treatment. But the contrary has found repeated demonstration by the numberless operations involving this membrane which have been performed not only with safety, but with the result of saving lives, e. g., paracentesis abdominis, operation for strangulated hernia, cæsarian section, ovariotomy: while during the last quarter of a century the daring and skill of surgeons have accomplished that which was previously held to be unjustifiable or impossible; and these achievements have given additional proof of the tolerance of the peritoneum to surgical manipulation, (e. g.) Batteys' operation, laparotomy, gastros-

tomy, amputation of the uterus; and the last and perhaps the grandest triumph of conservative surgery, the removal of a large portion of the stomach for malignant disease, and by it a life not only prolonged for several months, but rendered comparatively comfortable.

The various operations upon the thoracic cavity and their salutary results, illustrate the innocuousness of operations necessarily involving the pleura, first devised and practiced by Dr. Morrell Wyman and Dr. H. I. Bowditch; and still later, the establishment in certain cases, of a large temporary opening into the cavity of the pleura; a condition formerly deemed incompatible with the continuance of life. Again paracentesis of the pericardium, as well as that of the cerebral ventricles in hydrocephalus and meningocele of the spinal cord in spina bifida.

But to return to the iris. Cheselden was the first ophthalmic surgeon who successfully operated upon the iris for the restoration of vision. Before his time, Woolhouse had attempted, through the sclerotica, with a needle to divide the fibres that caused posterior synechia, and thus to open up the closed pupil. Though he failed to accomplish the purpose designed, he made an effort in the right direction. Cheselden seized upon the suggestion and became the acknowledged discoverer of this most beneficient operation. This occurred in the year of 1728, about the time of the introduction into systematic works on anatomy of the hypothesis of Newton of the semi-decussation of the optic nerve fibres in the chiasma.

A closure of the pupil following the operation for cataract by *couching* afforded him the favorable opportunity. This he accomplished by *incision*; by introducing an instrument with a cutting edge through the sclerotica and also through the iris and then turning the edge against the iris he divided it transversely as the instrument was withdrawn.

Many different and greatly improved modes of operation have since Cheselden's time been practiced, modified according to the requirements of each individual case. But all illustrate the tolerance of the iris to surgical manipulation. Indeed, oft-times it seems as if through the inflammatory processes that have determined, in a given case, the present abnormal conditions, nature had rendered this organ, to a certain degree, less

sensitive and less retaliatory, by this means lending her kindly ministries to surgical endeavor.

Wenzel, Scarpa, Janin and Maunoir since the times of the surgeons cited, each in their day perfected the modes of operation for artificial pupil; and many other illustrious names in the same category appear, and bring the art down to the present time.

The grand object by every mode of performing the operation under consideration, is the establishment in the iris of a permanent opening behind a transparent portion of the cornea, through which beams of light may unobstructed be transmitted to the retina. This presupposes the loss of the natural pupil by closure, (*atresia pupillæ*) the cornea being transparent; or the natural pupil remaining intact is rendered useless by a large opacity of the cornea (*leucoma*) more or less centrally situated. That mode of operation is most advisable which will most perfectly accomplish the object, the selection of the mode and its proper execution will best attest the wisdom and skill of the surgeon operating. This is eminently true in cases in which the elements are adverse and complicated with other affections; (e. g.) a good artificial pupil having been made, there may be disclosed the existence of a cataractous lens, which will require extraction, and this must be done, of course, through the pupil artificially made, as in case number 2, two capital operations performed at one and the same time. The surgeon must be prepared for any exigency that may arise; rarely will he be able to begin and progressively perform the operation step by step, in the order and manner in which he had, previously, in his own mind determined.

The conditions which render the operation for artificial pupil necessary or practicable, involve the cornea, and the iris more especially the pupil. The *causes* of these conditions though numerous and diverse in character, properly referred to traumatic, syphilitic and idiopathic origin, are yet reducible to one efficient proximate cause—inflammation.

Some of these conditions causing blindness, we will now briefly consider, and narrate cases in illustration.

The iris may exist undisturbed in its natural position, and the pupil intact and dilatable: a large dense central opacity of the cornea, (leucoma) effectually prevents vision, because beams of light cannot uninteruptedly pass through the pupil to the

retina. This leucoma is the sequel to severe keratitis, but more frequently of an ulcer or of both together; and may or may not involve the entire cornea. If happily a portion of this tunic is transparent, and near its junction with the sclera, and if it be even a quarter of an inch in breadth, the elements for a successful operation are present; (i. e.) a sufficient portion of transparent cornea in front of a free portion of the iris. Many a one has been considered hopelessly blind for years and yet has possessed these simple elements in an eminent degree. Light he can discern and colors when held near to the eye, but no objects. To such may come words of cheer; let them not despair, for restored vision may yet be possible and in store for them. The blind person, one or both of whose eyes possess these factors is comparatively fortunate far above

No. 1. A patient who was presented to me for examination having been blind for eighteen years: perforating ulcers had induced evacuation of the anterior chamber of both eyes, prolapse of the iris upon the cornea and adhesion thereto. Both globes were staphylomatous, and the corneæ generally opaque throughout, and the normal relations of the irides to this tissue were so changed that mere perception of light was the only evidence that the function of vision had in any degree been retained. The left eye was disorganized and therefore incapable of the least possible benefit and the right was so seriously affected that the probabilities of restoring to it the power of vision were reduced to the minimum. For our encouragement, there yet existed a transparent crescentic portion of the cornea at its inferior border, scarcely three lines in length and two lines in breadth, the appearance of which justified the opinion that the two structures, iris and cornea, though lying in near apposition were still not coherent. The patient insisted that an effort for amelioration should be made, prepared however for entire failure, though, more than myself, daring to expect some good result. I consented and in general made the corneal puncture in the usual way with the broad needle. But scarcely had it passed through this tunic when it encountered numerous fibrous bands extending between the opposite surfaces of the iris and the cornea, and thoroughly interlacing them together. I pushed the needle forwards dividing these in its progress, and thrust it through the iris as far as possible from the point of entrance. I then introduced a small hook, and having engaged it in the

iris, withdrew a portion of the same. This being excised a small pupil, quite free, was thus secured. No inflammation followed and the amount of vision achieved far exceeded my expectation. The patient was delighted and seemed transported into a new world—entering upon a new existence—all was so changed. Now were distinctly *seen* objects of which only faint conceptions were had before. The ability to go about at will and emancipation from dependence upon others, were not the least benefits derived; I with an appropriate glass reading was rendered possible and enjoyed to the highest degree.

No. 2. W. L. C. was a young man nineteen years of age, and had been totally blind for nine years, utterly unable to distinguish, form, color, persons or other objects; during this period, his knowledge of the external world was limited to the short range of his sense of touch. The right globe was entirely disorganized and atrophied, perception of the light only was preserved in the left eye. Operation for artificial pupil, he said, had some years before been attempted, evidences of which were still apparent but without good results. The form of the eye was quite natural, the cornea unimpaired except by numerous nebulæ interspersed throughout, the most transparent portion being on the nasal side and in the equator. The iris still retained its normal position and relations with the other parts of the eye; but no vestige of a pupil remained. The lens being situated behind the iris, its condition, whether transparent or opaque, could not of course be determined. The tension of the globe being greatly diminished, it was thence demonstrated that the vitreous body had lost its normal consistency. In consequence of these adverse elements, a guarded prognosis in regard to the results of an operation was given. His vision now being zero, his condition could not be rendered worse, but by an operation, and by that only some degree of vision might be regained. The *possibility* of again being able to see resurrected a *hope* long since dead and inspired a willingness to submit to any reasonable attempt for its restoration. At his urgent request I undertook the operation, and succeeded in making an admirable pupil and of good size behind the most transparent portion of the cornea. This being accomplished there appeared in the field of the pupil thus made, a large chalk-white substance, which I immediately recognized as a calcareous cataract. This I extracted through

the *artificial* pupil. When this was accomplished the pupil appeared entirely free. No adverse symptom during convalescence occurred, no pain, nor even noticeable photophobia. Immediately after the operation, the eye, though for nine years denied access of its normal stimulus—light—yet perceived all large objects with evident distinctness. Thus was evoked from conditions eminently adverse the most beneficient results. In nine days, unattended, he walked two miles to my office; and the four or five months ensuing, always travelling alone, he spent in visiting his friends in Kentucky.

[TO BE CONTINUED.]

ARTICLE XXXI.

PARALYSIS SIMULATING PLUMBIC WRIST DROP. By C. H. HUGHES, M. D., of St. Louis.

Sadie F., married, æt. 20 years, came under treatment October 23d, 1879, with persistent inability to extend the hands at the wrists both of which dropped lifeless like those of painter's palsy. When the hands hang at her side she feels as though they were full of blood. Some years ago this lady had rheumatism of which there are, however, no remains. In June of 1879, she had some kind of symptoms of a form the exact nature of which could not be distinctly made out from her description, during which she was frequently delirious. I infer however, that it was typhoid with tardy convalescence and *cachæmia*. Several irregular physicians attended her; among them, a locally famous faith doctor (called on account of his negligent *personel* the dirty doctor) who, though interrogated about the patient on an occasion when he had summoned me to examine and advise concerning his insane wife, could give me no information of value. About August 1st, 1879 this patient found she could not move at all, but she grew gradually able to move all parts of her body except her wrists. When first able to move about, after her fever, she weighed 77 pounds, and two months later

she weighed 110 pounds. During her illness she lost much sleep and ate little, but at the beginning of this report she ate and slept well. Her general tactile sensibility was normal even in the fingers of the affected hand, and she told me she had always had some feeling in them. Electro-muscular excitability in the parts remaining paralyzed was, in the beginning of treatment, extinct. The temperature of the right wrist was 98° F., that of the left 99° F. Under the daily use of galvanism, arsenic, phosphorus and, at night, only the least depressing of the bromides with malt and a generous diet, the paralyzed parts entirely regained, in a few months, their normal power of movement, and the patient, though of small stature soon reached her natural weight of 130 pounds; no strychnia was employed. Duchenne's observation respecting the more favorable progress of traumatic paralysis, where muscular sensibility remains after the loss of contractility under the electric current, finds confirmation in this case.

The case is noted to show the fact not infrequent in paralysis of the extremities, viz: That notwithstanding a paralyzed limb has remained long *in statu quo*, galvanism combined with proper internal therapeutics may excite anew the arrested progress towards recovery, and that often remains a hope of escape to the hopeful and persevering.

Article XXXII.

Hospital Reports.

Reports of Clinic of Prof. J. P. Kingsley at St. John's Hospital. Reported by S. Emory Lanphear, M. D.

Case I. *Rheumatic Fever.*—Katie T——, seven years of age, was taken suddenly ill yesterday, (Jany. 13) with high fever; soon began to complain of great pain in right knee, which is now swollen, red and very tender; pain much more severe when limb is moved; patient appears to suffer very much; no

abnormal heart sounds upon auscultation; bowels constipated. Diagnosis: Rheumatic fever. Treatment: To act upon the bowels

℞ Hydrarg. chlorid. mit.....gr. ii
Sacchar. alb.....gr. v

M. S. Give at bed time.

For the rheumatism:

℞ Acidi salicylici.....℥ii
Potassii Acetatis.....℥ss
Glycerinæ.....f ℥i
Aquæ.....f ℥ii

M. S. Teaspoonful every three hours. Also tinct. opii, gtt. xv when required.

Jany. 15. Some fever, pulse 120; great amount of pain; arm of same side also involved. Cathartic operated. Treatment continued.

Jany. 16, Both legs are now affected; fever still continues, but somewhat less.

℞ Sodii salicylat.....℥iii
Glycerinæ.....f ℥i
Aquæ.....f ℥iii

M. S. Teaspoonful every three hours.

Jany. 20. Patient has been taking last medicine regularly and is now convalescent; all pain gone and fever subsided; being weak, she was given a tonic composed of cinchonidia sulphate and elixir citrate of iron.

Acute articular rheumatism is an inflammatory affection of the joints, hence sometimes called acute rheumatic arthritis, characterized by an effusion into the joint and surrounding structures, together with a thickening of the synovial membrane; but the inflammation is peculiar in that it is unaccompanied by the results of inflammation in other regions, no exudation of lymph, no production of new tissue, no structural lesions and rarely the formation of pus. Another common name for the affection, Rheumatic Fever, is derived from the early and continued appearance of that symptom. The attack is usually sudden, often at night, commencing with high fever, severe pain and extreme tenderness in one or more articulations which present a red and swollen appearance, the severity of the latter symptoms determining the violence of the inflam-

mation; the pain much less marked when the joint is still; the swelling is due to effusion of serum into joint and contiguous tissues. If the disease be left to run its course undisturbed, these symptoms will continue for a period varying from two to six weeks, although in many instances a much longer time has elapsed ere recovery was at hand; the inflammation leaves one joint only to attack another, generally following the law of parallelism, thus placing it among the symmetrical diseases; the fever is generally a prominent symptom, the temperature in some extreme cases having been recorded at 110°F. (Sidney Ringer), accompanied by anorexia, extreme thirst and delirium; the tongue is coated, the bowels constipated, and the flow of the urine diminished; a slight increase of urea but not of uric acid. It is apt to be accompanied by, or succeeded by endo-carditis, not by a metastasis as was formerly supposed, but through the same agency productive of the other phenomena; this inflammation is generally limited to the left heart, especially attacking that portion of the membrane which constitutes the mitral valve, giving rise to structural lesions of that important part of that all-important organ, the heart. Hence the necessity of an early cure of this affection. In cases where extreme anæmia coexists, there may be heard a murmur at the base of the heart which must not be confounded with a *bruit* arising from structural disease as such a mistake would have much bearing upon the prognosis.

It is now pretty well understood that all these manifestations are due to a *materies morbi* existing in the blood, but as to the character of that morbid material, pathologists still "agree to disagree;" many maintain that it consists of lactic acid, whether rightfully or not yet remains to be demonstrated, but whatever its nature, it is evidently of intrinsic origin, generated in the body.

Like almost every non-contagious disease, this has been supposed to be caused by cold, and that agent may have some power in developing rheumatic fever, but it is now generally acknowledged that an inherited tendency, the rheumatic diathesis which may be also acquired, is the principal force producing attacks of the disease; this is rendered more probable from the fact that certain families are subject of the disease, the various members being continually prone to attacks. It occurs very

rarely in childhood and still less frequently in infancy, patients usually being more than fifteen years of age; it is probable, however, that the cases in childhood are often mistaken for some other affection, as the fevers or even meningitis; yet with proper care the diagnosis can easily be made.

This disease was of frequent occurrence during years past, but for some reason, cases are now less common than formerly, and seem to be more confined to those subject to improper hygienic surroundings. Probably there is no other affection the treatment of which has undergone so many changes in a few years as acute articular rheumatism. Among the many remedies employed may be mentioned Mercurialization, Venesection, Nitrate of Potash and Colchicum; these were succeeded by the alkaline treatment, the supposed *rationale* being that the alkali neutralized the acid which is presumed to be the "root of all evil;" all of these, although popular for a time, proved of little benefit, and eventually there arose a saying, that "the best cure for rheumatism is six weeks." These methods, however, have been superseded by salicylic acid or salicylate of soda in 10–15 grain doses, as in the prescription given above; in conjunction with these, arterial sedatives and anti-pyretics may be employed, and of these, aconite is perhaps preferable. By most authors, quinine in full doses is strongly advised, but it is very certain that *it has no effect upon the hyper-pyrexia of rheumatism*, however much it may reduce the temperature in other affections characterized by high fever. In cases where delirium is present there is one remedy which will prove of the utmost service, namely, carbonate of ammonia in 10 grain doses. By pursuing this plan of treatment a cure can generally be effected in from two to four days, thus cutting short a disease which would prove of great discomfort to the patient and which might through grave complications eventuate in great danger.

Many practitioners have been disappointed in the use of salicylic acid and its preparations, not because of a want of virtue in the drugs, but because of an improper use of them. They have been given indiscriminately in all cases that savored of rheumatism either acute or chronic, and failing, have been decried as "humbugs." This is not right, and arises from the fact that salicylic acid has been said to be good for rheumatism, and so it is, but not for *chronic* rheumatism, in which it is of little or no avail; and if these physicians would but memorize three

rules they would have the essence of what constitutes all that is known of the treatment of chronic rheumatism. These rules may be briefly summarized as follows:

First: If patient is anemic, give iron.

Second: If syphilitic, iodide of potassium.

Third: If plethoric, alkalies.

CASE II. *Spurious Hydrocephalous.* June 15. Laura M——, three years old, was taken ill three days ago with an acute pain in the head, very restless, throwing herself about and rolling head from side to side; this illness was preceded by a severe attack of diarrhœa, the passages now having assumed a very watery character; there is some febrile movement present, the thirst being quite marked; since commencement of present symptoms there has been ptosis of left eyelid; there is a dilatation of one pupil and a contraction of the other, and mother says this has been a constant feature of the case since the beginning of attack. Diagnosis: Spurious Hydrocephalous, resulting from summer diarrhœa. Treatment: Nutritive food in conjunction with stimulants.

June 16. The mild chloride (gr. ii) administered yesterday operated four or five times since which child has appeared somewhat better. Treatment continued.

June 17. Respirations, 30 per minute; temperature 99°F.; brow corrugated, sleeps almost continually although easily disturbed. Treatment continued together with diarrhœa mixture of

℞ Bismuthi sub nit.....ʒii
Misturæ cretæ.....f ʒii

M. S. Teaspoonful every three hours.

June 18. Five operations during the past twenty-four hours, some mucus in the evacuations; was restless during night. same treatment with tinct. opium in bismuth mixture.

June 19, 9 A. M. Patient growing weaker, bowels torpid, retention of urine, unconscious and in a stupor. 12 M. Respiration 60 and sighing,—patient evidently much worse. 3. P. M. Died.

Spurious hydrocephalous, spurious meningitis or hydroid disease was first described by Drs. Gooch, Abercrom-

bie and Marshal Hall, eminent physicians of the last century, and has been more or less studied by physicians since, yet although it is of quite frequent occurrence, especially at this season, it is probable that the majority of our practitioners are not aware of the existence of such an affection, ascribing the symptoms when met to an entirely different condition. Whether or not this is really entitled to the position of a distinct disease has been a subject of dispute. Eustace Smith of London, classes it as such, as does the distinguished French writer, Bouchut, and the same is true of J. Lewis Smith, in his "Diseases of Children"; upon the other hand, some rank it simply as a "condition" resulting from various primary disorders, while some do not mention it at all. But whatever position may be accepted as correct, it is certainly deserving of attention, as upon a full understanding of its nature may depend the life of many a little sufferer.

As to the etiology, any exhausting disease, any disorder which will impoverish the blood may act as a causative agent; hence the prevalence during the summer months, when children are subject to the exhausting diarrhœa, and the nervous system is rendered less capable of resisting the inroads of disease by the extreme heat. With such a cause, it is easy to comprehend the anatomical changes presented at a post-mortem examination; these seem to differ somewhat in the various cases examined; in some, no distinct changes are discoverable, the brain seeming to have ceased to perform its function through a deficient nutrition, for it is a well-known fact that the blood must be of the proper temperature, quantity and quality in order that the brain may properly act, and in all diseases primary to this there is a notable change in the quality of the circulaiing fluid; in others, of longer duration, the brain substance is shrunken and pale, from the same cause as in the preceeding condition, and in these cases there will be found a passive congestion of the cerebral sinuses and sometimes a transudation of serum, the latter giving rise to the name; each of these arising from the same source, an enfeebled circulation and a watery condition of the blood.

The symptoms, as given by Niemeyer, may be briefly enumerated thus: First, those of irritation—restlessness and capriciousness, jactitation, gnashing of teeth, crying out in sleep, flushed face, frequent pulse, elevated temperature, subsultus, tendinum and convulsions. Second, torpor—collapse, apathy,

pupils insensible to light, irregular and sighing respiration, coma and death. The first series not always present, or if present, so slight as to escape observation. The character of these symptoms would not *per se*, point to the nature of the affection which is essentially one of general anæmia of the brain, for as the learned Prof. Baudny has said, the symptoms of anæmia and of hyperæmia are so similar that it is impossible to distinguish between those two affections save by the etiology, and it is not strange that so many physicians thoughtlessly consider the condition one in which there is an acute hyperæmia of the brain and treat accordingly, for many are inclined when any symptoms of irritation are present to say, "there is a congestion of the brain" or "he has brain fever," and pursuing a course diametrically opposed to the one which should be adopted, soon have the opportunity of signing the death certificate, while a moment's consideration of the cause producing it and the pathological condition present would render such a fatal mistake unwarrantable and lead to the adoption of the proper mode of treatment.

As in the case before us, this should consist of two distinct plans, first, a removal of the cause, and second, the remedying of the secondary trouble. For the accomplishment of the first, the bismuth prescription given above will generally suffice, especially if combined with opium; for the second, the most concentrated and stimulating food, conjoined with large quantities of brandy, and, perhaps, compound spirits of ammonia, are indicated, and the amount of brandy taken in some cases is almost incredible; however, it should be pushed as far as is compatible with the welfare of the patient, and then there remains but to watch, wait and hope.

Translations.

ARTICLE XXXIII.

FROM THE FRENCH.

EXCERPTS FROM LATE FRENCH JOURNALS. [Translated for the JOURNAL.] By A. H. OHMANN-DUMESNIL, A. M., M. D., of St. Louis.

STATE OF THE CAROTID PULSE DURING INTELLECTUAL LABOR.—M. E. Gley of Nancy, after having called attention to the researches of Tanhoffer and of Mosso, gives an account of his experiments. His conclusions are as follows:

1. During intellectual labor there is an increase in the number of heart-beats, which seems to be in a direct ratio to the intensity of the attention brought into activity.

2. Dilatation of the carotid artery and dicrotism, more marked, of the carotid pulse. These are phenomena the reverse of those found about the radial artery.

3. The above characteristics are more marked when attention is stronger.

4. They persist for some time after cerebral activity has ceased.

5. These modifications do not depend upon changes either of cardiac action or of respiration.

6. They depend upon a vaso-motor influence.—[*Bull de l' Acad. de Méd.*

AMYLOID KIDNEY WITHOUT ALBUMINURIA.—At the Société Médicale des Hôpitaux, M. Straus said that in the symptomatology of ordinary amyloid degeneration of the kidneys, albuminuria was generally found. M. Lecorché has expressed the opinion that frequently albuminuria is absent in the urine, in this affection.

In support of this M. Straus had four complete observations of amyloid degeneration of the kidneys; three in tuberculous and one in a syphilitic patient. In all these cases, the other abdominal viscera, on section, were found to present the same degenerative changes.

A tuberculous female upon whom thoracentesis had been several times performed, had, at the beginning of the year, pneumothorax; a few days later the pleurisy became perulent. Besides the lesions of the lungs and pleuræ, there was hypertrophy of the liver, spleen and all the characteristics of amyloid degeneration of the abdominal viscera.

During the whole sickness of this patient, the urine was carefully tested and not a trace of albumen could ever be found. She died May, 5. On post-mortem examination, the amyloid degeneration of the liver, spleen, kidney, etc., was confirmed by iodine reaction.

The kidney presented certain lesions, explanatory of the absence of albumen in the urine. The afferent arteries and the glomeruli were hardly altered, a few vascular loops being attacked. The degeneration was much more marked in the medullary portion, and the straight tubes were completely degenerated. This explains the absence of albumen, which is filtered at the glomeruli. In a phthisical subject, with heetic, etc., the absence of albumen in the urine cannot be taken as proof of amyloid degeneration.—[*France Médicale.*

BACTERIA OF LEPROSY.—M. Gauché, last December found bacteria in the blood of a leper. He cultivated the bacteria and found it always the same, at times under the form of rods and others of micrococci. Inoculations made, have so far proven barren.—[*Progrés Médical.*

HERMAPHRODISM OR HYPOSPADIAS?—At the Société de Chirurgie, M. Magitot related a rare case of hermaphrodism. The individual, born of healthy parents, was registered as a girl in the books of the commune. The courses began about the age of 13; at the same time, the breasts developed and she found herself drawn to the young men of the village. She married, but copulation could never be accomplished. Her husband died in 1871. Since that time, her ideas changed, she has had several mistresses with whom coitus was affected in a normal manner.

She is 1.78 metres in height, has beard, shaving every second day. The face has no pronounced sexual characteristics, but the muscular development of the body is rather that of a man. The pelvis is masculine, the femurs having no tendency to converge.

The pubis is covered with hair; the perineum is wide and covered with hair. The penis (?) has the dimensions of that of a twelve year old child, but during erection it becomes double the size. There exists hypospadias. In the thickness of each labium can be recognized the presence of a testicle and epididymis. Below the penis there is an infundibulum, which when penetrated by the finger is painful. No uterus can be felt. During sexual intercourse there is emission of a spermatic fluid of ordinary appearance, but in which no spermatozoa can be found.

This hermaphrodite, no doubt, belongs to the class of imperfect bisexual hermaphrodites of Geoffroy-St.-Hiliare. If, on the other hand, we base ourselves upon recent embryological researches, we would arrive at the conclusion that this is a man with hypospadias.—[*Gazette des Hôpitaux*.

CALORIC IN ANIMALS.—M. Darsonval has made experiments upon diverse animals, pigeons, hens, guinea pigs, dogs and rabbits. The quantity of heat evolved is about in proportion to the size and weight of the animal. A guinea pig weighing 1 kilo., disengages nine calories in one hour; six guinea pigs weighing together 1,360 grms. will disengage, in the same time, nine and two-tenths calories. Birds are very poor producers of heat, but excellent storers. Inanition has the influence of diminising the quantity of heat produced, to a considerable extent.—[*Ibid*.

PSEUDO-MUSCULAR HERNIA.—M. Farabeuf recently reported upon a case presented to the Société de Chirurgie by M. Bousquet. It is that of a young civil engineer who, whilst serving his time in the cavalry, was taken with a violent pain in the thigh with considerable ecchymosis. A month later a tumor appeared upon the thigh, and slowly enlarged. There was here a rupture of a muscle followed by a slow and progressive retraction of the upper portion of the muscle. In repose, nothing almost can be seen; if the adductor medius is con-

tracted, the muscles of the internal part of the thigh rise and the tumor appears.—[*Ibid.*

MENSTRUAL FLOW THROUGH THE KIDNEYS.—A little girl, aged 8, of good health, and whose parents are gardeners, had black hair, and was hairy enough already to foreshadow her future development into a bearded woman.

She was a hermaphrodite, that is to say, the clitoris was much developed, the vagina imperforate, the mons veneris covered with hair that was long and thick. The writer was called to treat the child for urination of blood, which occurred every twenty-fifth day and lasted each time, four or five days.

It was preceded, accompanied and followed be a fever that was quite active. An examination of the urine showed a large quantity of albumen. This albuminuria preceded, accompanied and followed the passage of blood, but it and the fever, which was very intense, promptly ceased a day or two after.

Finally the little girl succumbed to this affection, the attacks becoming more grave and intense at each period. I took it to be, as also some others, the menstrual flow, vicariously performed by the kidneys.

It was impossible to make a post-mortem examination, else the presence or absence of ovaries might have been demonstrated.—[*Jour. de Méd. et de Chirurg. Prat.*

TRICHINÆ IN THE LABORATORY OF HAVRE.—The minister of agriculture and commerce, has recently instituted at Havre, a laboratory specially destined to the examination of foreign meats. The laboratory is inthe charge of M. Johannēs Chatin; its *personnel* comprises twelve micrographers and several aids. The following, for example, is the proportion of packages which were eliminated, in a fortnight, because containing meats affected with trichinæ:

Bacon, (sides)	7	per cent.
Breast,	25	" "
Hams,	35.29	" "
Shoulders.	43	" "

Every piece is examined, several sections being made on each.—[*Lyon Médical.*

ACNE ERYTHEMATOSUS.—M. Grellety proposes the following for acné erythematosus of the face:

Starch,	30	parts.
Sub-nitrate of bismuth,	2	"
White oxide of zinc,	2	"
Sublimed sulphur,	2	"

Wash the face every night before going to bed, with a small sponge saturated with liquid glycerine soap, then wash with very warm water, using it liberally. When the skin is wiped dry, put on some cold cream; after which apply the powder given above.—[*Ibid.*

TENDON REFLEXES.—M. Prévost, in the *Revue de la Suisse Romande* has an excellent memoir on the subject. The result of his experiments upon animals proves conclusively that sections of the cord and of the spinal roots of nerves, as Tschiriew has said, show that in the rabbit the sixth pair of lumbar nerves are necessary to produce the patellar tendon reflex. This pair corresponds to the third or fourth lumbar in man. Again, lesions of the cord, on a level or a little above the exit of the sixth lumbar pair also abolish the tendon reflex, if at all deep (which confirms the experiments of Tschiriew, contrary to those of Burckhardt).

Anæmia of the cord, produced in the rabbit by compression of the aorta, modifies the knee phenomenon. After a few seconds of compression, the phenomenon is exaggerated during a few seconds, progressively diminishes and disappears entirely after a compression of forty-five seconds.

As soon as the blood is allowed to circulate by removing the pressure on the aorta, the knee phenomenon returns, after a lapse of time, varying from 15 or 20 seconds to one or more minutes. The re-appearance is slower in coming in proportion to the time spent in compression and to the exactness with which it was done.

Anæsthetics can abolish the knee phenomenon, if anæsthesia be profound. This disappearance, during anæsthesia may be considered prodromic of collapse.

Like epileptoid trepidation, the knee phenomenon is transmitted to the opposite side. This is much more marked in animals, in whom the cord has been cut transversely in the dorsal

or upper lumbar region, all the reflex phenomena being intensified. In consequence of all these experiments, it must be admitted that the knee phenonenon has an origin which is directly spinal and of a reflex nature. It is the excitation of the tendon and not of the skin that provokes the reflex phenomenon.—[*Paris Médical.*

NUX VOMICA AND CHARCOAL FOR TYMPANITIS.—Maurice Raymond treats tympanitis of typhoid fever and enteritis by the following:

℞ Pulv. nucis vomic.....0. 30 grms.
Pulv. anis.....0. 15

M. Div. in Chart. No. ij.

Sig. One powder morning and evening.

Two tablespoonfuls of powdered charcoal are to be taken during the day.

These are said to act very advantageously.—[*Paris Médical.*

UNCONSCIOUS VISION.—At l' Hôtel Dieu, in Paris there is a a man who is completely blind and in whom the reflex movements of the pupils are intact. They act perfectly under the influence of light and under the influence of accomodation, when the patient makes an effort as if to see at a distance. This man cannot distinguish day from night, he is conscious of no perception of light; and, yet all goes on in his eyes as if he could see.

When the fundus is examined with the ophthalmoscope, it appears almost normal. The papilla is somewhat pale, but without any perceptible alteration in it or in the vessels. The blindness came on under peculiar circumstances.

January 2, 1871, in fighting, he received a saber wound on his forehead. The point of the sabre had penetrated deeply into the brain, he says: After a loss of consciousness of a few minutes, he dragged himself to a neighboring house, and fired. The wound healed rapidly, but he became subject to headache. At first, the pain in the head became very acute at times; a feeling of vertigo was also present and vision abolished for about ten minutes. This temporary blindness did not leave any traces during the intervals, and he resumed his occupation after having left the army. In 1879, whilst working he was taken with violent headache which persisted for several weeks, attended often with convulsive movements of the eyes. July 16, at 8 A. M., he

suddenly had an attack, fell backwards and was unconscious for about an hour. When he recovered he saw perfectly well; but his sight rapidly became less clear and six hours later he was completely blind.

The reflex movements exhibited by the eyes show that although the man does not see, the optic nerve has preserved its functions. The lesion then must exist beyond and if in the cortex, there is some hope that an autopsy may reveal the lesion, and by that means locate the exact position of the area of the brain devoted to the sense of sight.—[*Gazette des Hôpitaux.*

SECRETIONS IN SKIN DISEASES.—M. E. Guibout says that skin diseases may be divided into two great classes: the secreting and the non-secreting. The first produce nothing, have always the same characteristics; the latter become greatly modified by the very secretions which they cause.

Among the non-secreting affections we find those in which the primary lesion is a papule (prurigo, lichen); those in which it is a discoloration, be it sanguiniferous, congestive (erythema) or hemorrhagic (purpura) or due to a pigmentary disorder (chloasma, lentigo).

Among the secreting affections are classed all those whose initial lesion is a scale (psoriasis, pityriosis, ichthyosis); a vesicle (herpes, eczema, varicella, miliaria); a pustule (impetigo, echthyma, acne pustulosum); a bulla (pemphigus, rupia); or an ulceration (syphilides, scrofulides ulcerativum).

In this latter class we find two distinct varieties: Those having a secretion always dry, and those having a secretion always moist. The dry secretion is always an epidermic product. It consists of thickened, white, adherent scales in psoriasis; pulverulent, furfuraceous, in pityriasis; foliated in malignant exfoliating herpes; and thick, horny in ichthyosis.

In the moist secretion, the product secreted is variable in quantity. It may be a clear serum as that filling the vesicles of eczema; a crystalline, transparent serum filling the vesicles of miliaria and which Hebra has compared to the drops of dew, shining among the leaves and flowers. The pustules of impetigo, ecthyma, pustular acné and sycosis enclose an opaque pus which, in rupia, is mixed with blood.

As is the case with plants, some seek dry soil and others

moist soil. The dry portions of the skin are attacked by affections having dry secretions, and the development is slow and with a tendency to chronicity. On the other hand, where the skin is fine and moist, it is the affections with moist secretions that make it their *habitat* and develop with rapidity with acute, inflammatory action.

Pain is a not unimportant phenomenon. Where there is secretion, there, is no pain; but it arises and often manifests itself in a most violent manner where there is no secretion.—[*France Médicale.*

VITALITY OF THOSE UPON WHOM TRACHEOTOMY HAS BEEN PERFORMED.—M. Mougeot some time since affirmed that those upon whom tracheotomy had been performed rarely if ever arrived at the age of 21, when the operation had been performed for croup. M. Thouvenet, in a note to the Academy of Medicine, demonstrates the very opposite. Among the children operated on by him, there are at present patients who have attained the age of 34, 30, 29, 27, 26 years, etc. All are in good health, and the argument of M. Mougeot, that cicatrices of tracheotomy could not be found among conscripts, falls to the ground.—[*Ibid.*

VOMITING OF PREGNANCY.—Vidal often employs, in the vomiting of pregnancy and in nervous vomiting, a method which is of great value and of easy application. It is simply enemata of chloral. Each enema is composed of a glassful of infusion of orange leaves containing a gramme (grs. xv) of chloral. Two are to be given daily, a half-hour before meals.—[*Lyon Médical.*

ARTICLE XXXIV.

FROM THE GERMAN.

Translated for the JOURNAL. By A. H. OHMANN-DUMESNIL, A. M., M. D., of St. Louis.

CEREBRAL HEMIATHETOSIS AND HEMIATROPHY.—Dr. Paul Julius Moebius had a sixteen year old girl brought to him, Sept. 3rd. 1880. The mother said that, hitherto, nervous diseases had never occurred in the family, with the exception of herself. When eight months pregnant with the present daughter she was greatly frightened at the sight of a corpse. The child was weakly during infancy and often had "cramps," i. e., it became unconscious and cyanosed in the face. But once only did she have contraction of the limbs. At the end of her first year she had a severe and prolonged cramp, in which the limbs of the left side only were involved. The parents remarked after this, that there was hemiplegia of that side. The cramps never recurred; but there arose in the paralyzed limbs a tremor, which is persistent. Since, the child grew apace, was healthy, attended school with moderate success, and became mentally remarkable only for irritability. The paralysis remained as it was.

The girl was strong and hearty. The left corner of the mouth was somewhat higher than the right and jerked slightly upon protruding the tongue. The sensibility of the whole body was unaffected, the special senses, likewise undisturbed. The left arm hung limp, the forearm being slightly flexed, the hand strongly pronated, the hand and fingers flexed and grasping the thumb. When standing still the hand lay behind the trochanter major; but as soon as it was brought forward or when tranquility was disturbed, by asking questions, the hand began flexing and the fingers to alternately flex and extend, one after the other. All voluntary motion could be performed, though slowly and awkwardly, except extending the hand and flexing the forearm on account of antagonizing muscles, which rendered such action more difficult. No muscle was atrophied, although the

left arm was, in all respects, inferior in size to the right. The susceptibility to electricity seemed normal, when the contraction of single muscles and the resistance offered by other muscles were taken into consideration. The left leg was shorter than the right, slightly flexed at the hip and knee and the foot in a position similar to talipes varo-equinus. The naked foot showed an action of the toes similar to that observed in the fingers. The walk was slightly limping, but the patient could walk considerable distances without being fatigued.

The treatment consisted in the administration of Fowler's solution and enjoining the use of passive movements. In this manner, a decrease of the muscular weakness and a slight increase in the motion of the hand were obtained.—[*Memorabilien.*

PRESERVATION OF SYRUP OF IODIDE OF IRON AND OF LIQUOR OF THE SESQUI-CHLORIDE OF IRON.—Mylius shows in *Pharmac. Centralblt.*, that placing a piece of iron wire in syr. ferri iodid. as prescribed by the German pharmacopia, has no effect whatever toward the preservation of the liquid. It is well known that salts of the oxide of iron, under the influence of sunlight, especially the rays that act chemically through certain easily oxydized organic substances, (among which is sugar) are easily reduced, by which free acids are formed, among other things. This also occurs if there is not a sufficient quantity of iron present to be formed into iodide. The iodine that does not enter into combination colors the solution brown. The solution is such that the proportion of acid is not great enough to eat upon any iron wire placed in it.

A simular error occurs in regard to the liq. ferri sesqui chloridi, that it should be kept in a dark place. That is done to prevent the occurrence of a reduction which will not be effected by exposing it to direct sunlight. It could only act in case organic substances were present; but such substances in the preparation must not be taken as an accepted fact.—[*Archiv. für Pharm.*

LEFT HEMIANOPSIA.—A patient had, through a fall, an almost vertical fracture of the right side of the occiput and right parietal bone. Parts of the brain escaped and about a handful of particles of bone were extracted. After the healing of the wound a left hemianopsia was observed which must be brought

in connection with an effection of that part of the cerebral cortex in which Munk has located the centre of sight. The author, Dr. Schmidt-Rimple says that the patient has full hearing in the right ear, and other defects are not apparent. At times the patient complains of vertigo, which is connected with a strong shaking of the right side.—[*Centralblatt für Nerven heil* K. *etc.*

GOOD RESULTS OF FARADIZATION.—Dr. Edgar Kurtz complains, in *Memorabilien*, of the little use made of Electricity by physicians, in general practice. He has used primary and secondary currents of an induction apparatus with great success and proceeds to give details of several cases. In twenty sittings he cured a lady of 30, of crural neuralgia. Another case, that of an enlarged spleen, yielded in one and a half months to daily applications lasting fifteen minutes. He gives several cases of sciatica relieved by this means, in varying periods. Tremor, in a girl aged 18, whose mother is "exquisitively" hysterical, disappeared after 24 sittings. Muscular rheumatism in a man aged 58, and experienced for years with remissions and exacerbations gave way under the combined effects of massage and faradization, in four sittings. The 12th, and last case detailed is that of nocturnal enuresis is a girl aged 5. Besides this she could not hold her urine well during the daytime. Fourteen sittings sufficed to entirely relieve her of her affection.

Proceedings of Medical Societies.

Article XXXV.

ST. LOUIS MEDICAL SOCIETY.

Saturday, May 28th, 1881.

Dr. Rumbold presented each member with a copy of the transactions of the Society for 1880.

Dr. Dudley.—Mr. President: I move the thanks of this Society be extended to Dr. Rumbold for this excellent report of our proceedings for last year. Unanimously carried.

Cholesteatoma.

Dr. Williams presented some specimens of cholesteatoma in external meatus of the ear, and then read a paper on the subject, (will be published hereafter.)

Dr. Dickinson.—Mr. President: I rise to compliment the gentleman on his paper. I was not aware that the affection is so rare as presented. Tröltsh reports he has met with one or two cases of this disease in the the locality mentioned, but I do not remember to have seen a case in my own practice.

Dr. Pollak.—I recently read an account of certain cases of amblyopia in London being caused by cholesterine crystals. These crystals are most beautiful to look at. They look like glittering pieces of gold, *plui d'or*—rain of gold. I will take these crystals home and compare them with those I have in my microscopical collection. I never heard of these crystals being found in the ear.

Case of Glioma.

Dr. Dickinson.—Mr. President, I will call the attention of the Society to a case of glioma, which is not only interesting in itself, but is also suggestive of other questions which cluster about it. It occurred in a patient who was presented to me about two months since. The patient was a child 20 months old; until three weeks previously the parents had observed nothing the matter with the child at all; and even then their attention was first called to it by a stranger who happened to

look into the eye in a favorable direction. When I saw the child I immediately decided in my own mind its nature; but in order to be entirely sure, he was submitted at my request to the inspection of Dr. Pollack, Dr. Williams and Dr. Niehaus; they all agreed with me in opinion in regard to its character, and that its immediate removal was not only advisable, but imperative while yet it was confined within the globe. This operation was accordingly a few days later, performed. I have seen the child twice since, the last time but a few days ago, and no regeneration of it and no signs of it have appeared, as is so frequently the case. It is the usual history that gliomata regenerate after periods, varying from two or three weeks to several months, death often however, ensuing within six weeks. The patients sometimes survive for several months, especially if enucleation is early performed. A patient three years of age, whose eye thus affected I enucleated a year or two since, survived fifteen months before there was any sign of regeneration. Dr. Niehaus informs me that he had a patient that lived eleven years, and the child is still living. Dr. Pollak also informs me he has had one who survived nine years after the operation and is still living. I think twelve or thirteen years is the longest period that any patient has survived after the performance of the operation. As the patients were still living at the time the reports were made they may have survived still longer. In the case that I report, the fact of its being early observed, leads us to believe and hope that the infected portion was entirely confined within the globe. It may yet return, but we hope not.

DR. POLLAK.—Cases of glioma sometimes come on in that way, not frequently however. Within the last few weeks I have seen three cases, one of which Dr. Dickinson was kind enough to send me, and another person left me and went to Dr. Michel last week. All those eyes have been removed, but what the ultimate result will be I don't know. I have those eyes preserved in Müller's solution and may perhaps be able to make a microscopical examination; if so, I will present the Society with the result. I have had a good many cases on my hands, and only in one single case it failed to return, and that was a nun. Her eye was removed nine years ago, she has been engaged in her duties since, and has never complained of it. In all the other cases it has returned afterwards in one or two

months and terminated fatally in every instance, except in that one case. I remember a little child who had it removed twice within six weeks. The gliomatous eye was removed, and the tumor again returned a few weeks later, and I almost declined to remove it as I thought it would be causing the child needless pain, but the parents insisted that something must be done, so I removed it a second time, and fortunately the child succumbed a week later and ended its suffering. It always would return. Another patient came from Iowa and I recognized glioma sarcoma, and insisted on the eye being removed. A year later he came back with the socket completely filled with plastic sarcoma. By-the-by, I have one specimen of the patient from Iowa. Dr. Baumgarten also has some specimens; also Dr. Bull of New York, who assisted me in the operation, has several specimens. The sarcoma was removed and he returned home, but the socket filled again very shortly afterwards.

Dr. Dickinson.—Gliomata, I will add, are recognized as having their origin and seat in the retina sarcomata in the choroid coats of the eye. It is very unusual for gliomata to appear after children have attained the age of eight or ten years. This affection is peculiar to childhood and infancy, but sarcoma may occur at any period.

Rœtheln.

Dr. Maughs.—I would like to call attention to the epidemic of Rœtheln, or German measles which is prevailing extensively over the country. Not very much in St. Louis, but throughout the entire valley. There are thousands of cases at St. Joseph. Dr. Lester told me that a great many cases have occurred in Kansas City, and that the disease is prevailing as an epidemic throughout the country. All the old authors speak of measles as occurring without the ordinary catarrhal symptoms usual in measles. These cases present many of the characteristics of measles, yet measles may occur in the same individual within a very short time. The German's signify the disease as Rœtheln. The disease occurs not unfrequently with but a slight exanthem, so that many of the German writers describe it as measles without the eruption, or, *measles sans eruptionalis.* In all the cases I have seen or heard of, it is not difficult to recognize the difference between a typical case of rœtheln and a typical case of measles, and yet they run very closely together. In

rœtheln, or German measles, we have post cervical enlargement. The exanthem comes on with fever, catarrhal symptoms and a watery condition of the eyes. In three or four days the catarrhal symptoms begin to fade and disappear. The rash begins to appear on the face, and generally extends to the extremities. A typical case of rœtheln, rubeola sans of the old writers, would be an exanthem commencing with this catarrhal fever, a very slight rise of temperature, the catarrhal symptoms lasting until the eruption breaks out on the face, and then spreads rapidly to the neck and chest, and thence to the lower extremities. Very often the eruption spreads over the entire body in the course of forty-eight hours and has entirely disappeared. The rise of temperature is very slight. The child is not necessarily confined to bed, indeed it can often be out of doors, or out in the room. Now in a case of measles morbilli, rubeola, or morbilli of the later writers, you have catarrhal symptoms lasting only a day, the rash breaks out on the face spreading over the neck, chest and lower extremities; and there is one, two or three degrees rise of temperature during the entire period—a course of six or seven days. Three or four days after the appearance of the rash the child is almost entirely well. That is a mild case of epidemic measles. When we have rubeola sans catarrh, —rœtheln—with an aggravated catarrhal fever, the temperature rising, as I have seen in one case to 104°, I was certain the child had measles. When the eruption broke out upon the upper portion of the chest and neck spreading rapidly over the entire surface of the body in the course of forty-eight hours and disappeared. The child was well. That was a case of aggravated rœtheln with catarrhal symptoms running high, great bronchitis and rise of temperature. In every case of mild, or aggravated rœtheln that I have seen described, the enlargement of the post-cervical glands is spoken of. I thought I would mention this as it is prevailing extensively over the country and is being confounded with measles. The advantage of diagnosing it is not so much on account of the treatment, for almost any treatment will answer, but the especial advantage is that it does not throw the parents off their guard as to the liability of the child to take the measles, provided it is known that it is not rubeola. Measles may occur more than once, I have seen a few cases myself where it occurred a second time—especially during violent epidemics. I don't think I ever saw it occur a second time

except during the prevalence of epidemic influence. Rœtheln does not protect from measles, nor does measles protect the child from rœtheln. I would like to hear the views of the members present on this subject.

Dr. Dudley.—I wish to say a word in regard to the remark of Dr. Maughs that we do sometimes see a recurrence of measles a second time. I remember during the late war, when physician of one of the prisons here, that a large number of adults who, according to their own testimony, were attacked with this disease a second time. Of course I had no opportunity of collecting any of the facts, as to whether they had had measles before or not, but this being so common a disease, and one which almost anybody can so very readily diagnose, I presume in most instances they were correct as to the fact of having had the disease in early life. All the cases to which I refer were among adults—men—many of them advanced far in life, and it was astonishing to me to see the number of persons who were taken with this disease, according to their statements, a second time. I might say in this connection that, in the same prison, during the late war, other eruptive diseases—small-pox for instance, of which a number of cases occurred, some of which spoke for themselves very plainly by the marks upon the patients hands or person were contracted a second time. I didn't know then, nor do I now know, what to attribute it to, unless it was the vitiated atmosphere in which those persons were confined necessarily—being greatly crowded together in the prisons without having anything like the quantity of air that is proper.

Dr. Maughs.—Dr. Dudley endorses my view exactly. I believe the measles do occur a second time under intensely epidemic and crowded conditions. I think also that measles and rœtheln are correlated, one to the other and belong to the same disease. They are closely allied and yet one does not protect against the other.

Dr. A. Green.—I recollect some years ago, in 1873 or 1874, we had an epidemic of measles and at the same time scarlet fever, and I think measles were sometimes mistaken for scarlet fever, that is, the eruption in some cases was just like scarlet fever, some of them had catarrh and bronchitis—if you examined the fauces and tonsils perhaps you would find a little catarr-

hal redness, but you would never find anything of what we call diphtheria, but as soon as I discovered some diphtheritis of the tonsils, I determined that it was scarlet fever. As for rœtheln, I saw some cases at the time mentioned and at other times. The principal differential diagnosis between rœtheln and measles is, that the former is very seldom accompanied with fever and never with catarrh of the bronchial tubes, whereas in measles, it is the bronchitis, and in hard cases, capillary bronchitis, which in some cases extends to the alveoli and becomes a broncho-pneumonia, which characterizes the severity of the disease, namely measles.

SATURDAY, June 4th, 1881.

Eureka Springs.

DR. WILLIAMS—Mr. President: It has recently been published in the newspapers of this city, that a physician from Nashville, Tennessee, who was a druggist, had become blind, hopelessly blind as was supposed by his physicians. Dr. P. F. Eve was his physician years ago in Nashville, and treated him for a considerable time, but the man became so blind that he couldn't see to get about, and the doctor concluded that he was hopelessly blind from opacification of both cornea. This man recently had some other bodily trouble which took him to Eureka Springs, and while there, so the report goes, he suddenly regained his vision. Being somewhat interested in the matter I wrote to Dr. Eve of Nashville, not knowing at that time that he was dead, asking the particulars in regard to the case. His son replied. He couldn't give me the particulars. If such a doctor or person lived there formerly he does not live there now. He was under the impression that the whole thing was a fraud. Now there is another matter in connection with the virtues of the water of Eureka Springs which I wish to ask a question in regard to. It is currently reported in this city that malignant tumors in all parts of the body are dropping out down there at the Springs. That they have dozens of them in bottles; in fact, before I came into this Society a man told me that he had been to see a lady in this city who had some large malignant tumor of the face, and that she has been recently using imported Eureka water, and that this tumor has now

dropped out and left a hole in her face which is granulating nicely. This gentlemen told me there were a number of other persons in this city with malignant tumors who are using this water with favorable prospects. What I wish to ask is, what is the effect of the water of Eureka Springs on malignant tumors?

Dr. Rumbold.—Mr. President: I can give some little history of Eureka. I was down in Southwest Missouri, at the District Medical Society last April, at Pierce City, in the neighborhood of Eureka Springs, and I took occassion to ascertain from Dr. J. E. Tefft of Springfield, what were the virtues of the water. He said he didn't know; he thought that the thing was a fraud. He related a case of one lady who lived at Springfield, who had been a former patient of his, and who had varicose ulcers on her legs, and she was reported to have entirely recovered after having been at the Springs for a few weeks. He was well acquainted with her and called to see her, and he says she was the same she had been when she left, except that the sores were washed clean. Another case that he was acquainted with was a man who was reported to be blind who lived at Harrisonville, in this State. It was reported that he was greatly benefitted on being at the Springs a few weeks, whereas he was not in the least improved. Another case that is reported, is that of a man who went to Eureka Springs and went around to the different places and took his hat off showing that his head was entirely bald. He drank the water and stayed there several weeks, and the hair commenced to come out, and before long a good crop of red hair had appeared. A few weeks afterwards the man got tight in Springfield and told how he had been paid five dollars a day to have his head shaved clean and stay long enough to have the hair grow out.

Dr. Anderson.—Talking about hair growing out, reminds me that I had an interesting case. An old lady, 79 years of age and a family connection of mine, had erysipelas about a year ago, of the face and head, and her hair came out completely, every hair of her head came out so that she was as bald as the palm of your hand, and I supposed that it would be permanent, but I gave her a course of treatment—quinine and iron, nothing else, and when she recovered from her erysipelas, notwithstanding her age and the fact of her complete paralysis on one side, (she was hemiplegic from an attack of apoplexy) her hair

returned thick and glossy, and it is now perhaps a foot long. I think it is a very unusual occurrence.

DR. WILLIAMS.—So far as the statement that Eureka Springs' water cures sore eyes is concerned, I know from personal observation that it is not true. I have seen as many as a dozen persons, I think, who have made a trip to Eureka Springs for the purpose of curing their sore eyes, and they came away just as bad as they went there; so that as far as curing common sore eyes is concerned, Eureka water has no effect. I think it is barely possible that the water might have a favorable effect upon optic nerve troubles, constitutional troubles, brain troubles and diseases of the spinal cord, things of that kind. About a week ago, a minister of this city went there for his health, and came back and told me he saw two or three cases. One lady he said had a tumor of the chest which just dropped out. I laughed at him and was inclined to dispute his word and he got "huffy," and asked me if I didn't think he knew what he saw? I told him I didn't dispute his word, but there must be some fraud somewhere in the matter. But it is quite a common impression here that these tumors are being cured by the effect of Eureka Springs' water.

DR. WESSELER.—I want to testify to one malignant tumor that was not removed with Eureka water. A man who had been working on the railroad. He had become so disabled that he couldn't continue work any longer, and the hands in some way secured him a pass to get him removed there. He stayed there some time and when he returned not long ago he was so debilitated, so weak that he could scarcely stand. He came to the Alexian Brothers' Hospital where he died from cancer of the stomach. Another case, also of a railroad man, which the Eureka Springs water didn't benefit, came under my observation. This patient had gone to Eureka Springs and remained there some time but instead of getting better he got worse; came back to the city to be treated and being unable to secure any accommodations finally found his way down to our hospital. He remained there several months without being much benefitted. This man had some spinal trouble and said that Eureka Spring water never relieved him. I know one man who is drinking Eureka water that is brought from the Springs. He procures it at the drug store on Sixth and Chestnut, and pays 40 cents a

gallon for it. I am going to wait and see how much benefit he is going to derive from it.

Dr. Dudley.—What is the matter with him?

Dr. Wesseler.—Chronic rheumatism.

Saturday, June 11th, 1881.

Tumor of the Larynx.

Dr. Rumbold.—Mr. President: During this week I have had a very interesting case in my office that was sent to me by Dr. E. A. Prince of Jacksonville, Ill. Mr. Frank Vivell æt. 51, a German baker and confectioner. His general weight was about 215 pounds, but his weight at the time I examined him was 183 pounds, his appearance was that of a strong man.

From 1851 up to about five years age he suffered from severe head-aches, he was in pain always; but, at times his head-ache was so severe that he could neither sit, stand nor lie down with any comfort.

Up to Jan. 1880, he had no swelling in his throat or on his back that he could observe. During Jan. 1880, he suddenly lost his voice, and after striving to speak aloud for some two weeks he, for the first time, noticed the swelling in his throat. He did not do anything for this until March, when he clearly noticed that it was enlarging on the outside of the neck. Sometime after, when a special point on the left side of his neck began to swell he visited Dr. Glasgow of St. Louis, who made an examination of his throat and said that the vocal cords were partly paralyzed. Dr. Glasgow gave him some medicine to be placed in a pitcher of hot water, and the steam arising from this was to be inhaled into his throat through a cone of paper. The effect of this inhalation made no visible improvement. The doctor then made an application to the vocal cords with some remedy that had a sour taste. For a short time his voice was a little improved. This application was made twice. Mr. Vivell did not again visit Dr. Glasgow, as he had told him that his trouble was nothing and that it would disappear of itself in a short time.

About July, 1880, he visited Dr. Turner of Carrollton, Ill., who made a casual examination of the throat without the aid of a reflector; he prescribed medicine to be administered by

Richardson's Spray, the effect of which was to increase the hoarseness. He used this spray about a month. At this time he had but little pain in his throat and that while speaking.

After this he visited several physicians receiving from each different remedies, but deriving no benefit from any.

Since the growth in his throat he has had less pain than previously. He now complains most of the difficulty in breathing. Speaking is not painful, but has to be forced, making it hard work. He rests tolerably well at night and during the cold weather oflast winter his appetite was good.

Outside the neck the thyroid gland appears to be greatly enlarged. The greatest enlargement is on the right side, but the hardest portion is on the left side of the neck. This enlargement extends from one sterno cleido mastoid muscle to the other and includes the thyroid cartilage of the larynx, but does not commence immediately under the chin but from the pomum Adami to the top of the sternum. Three or four days before visiting me the sub-maxillary gland on the left side and behind the ear had become enlarged and somewhat tender.

Mr. Vivell was never sick in his life; in 1861 when he worked from 20 to 21 hours out of every 24 for six months, after which he was taken sick and was confined to his bed for two or three weeks; his physicians then said that he was in the lowest stage of consumption, but when he was able to leave his bed his health was apparently better than ever.

Temperature in the throat 101° F., pulse 84.

Examining his throat with the pharyngeal mirror I found that the epiglottis was pushed toward the right side, the left arytenoid was greatly enlarged as well as the aryteno-epiglottidean fold, the whole left side of the larynx was much enlarged. This enlargement included the left vocal cord which was so great as to encroach upon the right vocal cord, to the extent of preventing free respiration. The appearance of the mucous membrane is that of high congestion. The epiglottis was not increased in size, but the right arytenoid was swollen to about twice its normal size, the left to about six times its normal size. From an internal view the growth is pressing from the left front and increasing backward toward the right of the throat. This increase was now so great that the act of deglutition was rendered somewhat difficult, both on account of the pressure of the growth and the sensitiveness of the parts.

The growth was quite firm, the most protruding part on the left side being as hard as cartilage. The integument seemed to be discolored with the amount of blood in the growth.

Since Jan. 1880 until the fall of that year he had no voice, except at intervals; but since the fall, his voice had been very good, (always better in the morning) but it was evident that his voice was not in a normal condition, but was better than would be expected from the appearance of his vocal cords. While speaking it seemed that the sound came entirely from the right vocal cord. He breathed better while lying on the left side then when sitting up. During respiration, while asleep, the vocal cord is thrown into motion so that it produces a sound.

A letter from Dr. E. A. Prince of Jacksonville, Ill., stated that he had made an examination of the case and gave the diagnosis of "Enchondroma involving the left vocal cord and the thyroid gland and extending beyond."

Dr. Pollak.—What is the cause of the cyanosis?

Dr. Rumbold.—The lack of aeration of the blood.

Dr. Pollak.—It seems to me the cyanosis could not arise from deficiency of respiration. I don't see what it could come from except from the arrest of circulation in some way. I don't suppose it arises from a deficiency of respiration, for it would be just as bad while he was sitting still as it would while he was walking about.

Dr. Rumbold.—After he has been walking his face becomes redder at once. Even while giving the history of his case, and in long answers to questions, I noticed it a little. Frequently he had to stop speaking and draw in his breath and then go on again. I have noticed that in stenosis of the larynx (I have had quite a number of cases,) they become very blue before they die.

Dr. Lutz.—Can you get at the tumor?

Dr. Rumbold.—It is on the outside and involves the whole of the front of the neck.

Dr. Lutz.—Is it likely you could remove it?

Dr. Rumbold.—I am afraid that I can not. I would like to have the opinion of the members on the subject. It certainly involves the left side of the larynx and the thyroid gland is

enlarged, and I believe nearly all the tissues in the front of the neck are connected with the growth.

DR. LUTZ.—Can you see any of the tumors in the larynx through the laryngoscope?

DR. RUMBOLD.—Yes, sir. I saw it very painly.

DR. LUTZ.—Is it a cystic tumor?

DR. RUMBOLD.—No, sir. It involves the tissues all around the neck. It is as hard as cartilage.

DR. POLLAK.—How is the thyroid gland?

DR. RUMBOLD—It is enlarged and forms part of the tumor.

DR. DICKINSON.—By the kindness of Dr. Rumbold, I had the pleasure of seeing this very interesting case. The doctor's description of it well covers the ground. I think the thyroid gland itself is not involved, although this may be a little questionable. There is evidently a development of a large mass of tissue on the neck which compresses the larynx, I think for some four or five inches in length, commencing at the epiglottis at which point there is a tumefaction or tumor, which extends from the left over to the right, involving the left vocal cord. This is not visible; the right one is visible. This development whatever it may be is hard to the feel, and I am not disposed to question the diagnosis which has been given, viz., that it is an enchondroma. It may be so and it possibly may not. I should judge the circumference of the neck is eighteen inches.

DR. POLLAK.—What is the cause of infiltration?

DR. DICKINSON.—It is not infiltration in the sense of any liquid, it is the proliferation of material which constitutes the entire mass confined to the anterior portion of the neck leaving the functions of the several organs therein situated unimpaired, except the visible mechanical compression by which the respiration is impaired. In this connection I remember witnessing an operation performed by Dr. Langenbeck of Berlin. As I now remember, some of the man's symptoms were as follows: Deglutition was almost impossible—certainly ready, free deglutition was almost impossible; but whenever he attempted to swallow liquids they were almost always regurgita ed, and the swallowing of solids was out of the question. His respiration was very

much embarassed. On the left side of the neck were two tumors about the size of a pullet's egg. These were apparently quite superficial though extending profoundly; what these had to do with the interior and how they should produce the symptoms presented, the professor declared himself unable to tell; however, he resolved to undertake relief by removing those that were visible. He commenced the operation, cutting down upon them and found that they involved all the tissues of the neck and various important nerves and vessels. During the operation he ligated the carotid artery. While he was performing the operation, the man, who was under the influence of chloroform, ceased to breathe. That of course suspended the operation, and the professor was preparing to resort to the use of electricity with a view of restoring the patient, but it was found to be unnecessary. The moment was a very critical one, but the man revived sufficiently to enable the doctor to complete the operation. The man was then removed to the hospital but survived only about eight days. Upon making a post-mortem examination, there were found located within the trachea three tumors, pendulous and located in such a manner with reference to each other that during the respiration they would almost entirely close the entrance to the passage and prevent the introduction of air. In this was found the solution of the cause of the great dyspnœa. These tumors were similar in character to those on the outside. I have a friend in the City of Burlington, Iowa, who has suffered very much from stridulous respiration, especially after prolonged exercise. He has suffered in this manner now for about twenty years, to a much greater degree now than when it first supervened. In this case there has been a gradual contraction of the entrance to the fauces. When I saw him last August, the opening was only sufficient to admit the extremity of my index finger. I located the difficulty much further down than at the site of constriction spoken of, down very nearly to the bifurcation of the trachea. I am inclined to the opinion that there is an induration of the mucous membrane and submucous tissue of the trachea and possibly an enlargement of some of the mucous glands in that vicinity, as by pressure upon the trachea to give rise to this stridulous respiration. A great many surgeons have seen him and he has frequently resorted to the Hot Springs, and thinks he has been somewhat benefitted. Contraction of the trachea is my diag-

nosis. Contraction of the trachea with probably an induration of the mucous tissue as well as the submucous. Some twenty-five years ago I made the post-mortem examination of a man who had died, presenting peculiar symptoms. I found a tumor behind the clavicle and sternum which pressed immediately upon the trachea and œsophagus so as to produce difficult deglutition as well as dyspnœa.

DR. POLLAK.—If I may be permitted I will relate a case that came into my office last week. A girl of 14, from the southern part of the city presented herself, having been sick and under medical care for nine weeks. She complained of a very sore throat. I found respiration very fast and short, mastication and deglutition painful, phonation and articulation indistinct, hardly audible. Audition on the left ear, zero; on the right ear 36. On opening the mouth, a fetid breathing was met, tongue much coated, ptyalism abundant, the hard palate and buccal mucosa discolored from the use of strong gargarisms. A large tumor projected from the naso-pharyngeal cavity, filling up the arch under the velum, and driving the latter forward considerably. The tumor was not painful to the touch. Whether it had its origin in the antrum of Highmore, or in the tonsils was difficult to determine. Traction with the fingers showed only a broad base, which however, was easier defined, when drawn out with a vulsellum. An immediate removal was promptly demanded by the patient, who positively refused to defer it until next morning, so as to avail myself of the council and aid of my friend and neighbor Dr. Glasgow. So I consented to make the attempt. The fenestrum of the amygdolotome was found too small to admit the tumor. A long, narrow bladed probe pointed bistourie might have removed it but for the hemorrhage, which was sure to follow and might become troublesome, perhaps dangerous, and should be always avoided in anæmic subjects. I resorted to the use Chassaignac's ecraseur, the chain of which was slung around, pushed back to the base as far as possible. The result was every way satisfactory. The chain cut through its way slowly, with comparatively little pain and almost no hemorrhage. The relief was almost instantaneous and complete. The tumor weighed one ounce and one hundred and seventy grains. It is kept in Müller's Solution ready for microscopical examination. The patient presented herself twice

since the operation, every trace of the tumor has disappeared, and on the use of ferruginous tonics and good diet, she has entirely recovered.

Dr. Ohmann-Dumesnil made a drawing on the blackboard and,

Dr. Rumbold said: Dr. Ohmann-Dumesnil has made a very good drawing of the laryngoscopic appearance of this case, and I will try and describe it. The epiglottis is a little enlarged, and very much congested. I think after pressing the left side of the larynx far to the right it leaves the trachea nearly its full size. The left vocal cord and left arctynoid cartilage are mainly affected.

Dr. Lutz.— I am very much interested in the case reported by Dr. Rumbold, for the reason that I have now under my care, through the kindness of a gentleman in this city, a case of a young lady just about 21 years old who has four tumors, which I took to be cystic, in the left neck. The two longest tumors are about the size of a goose egg each, and are situated in the triangle bounded by the sterno cleido-mastoid, clavicle and trapezuis muscles, filling up this entire triangle. One of the other two cysts occupies the left portion of the thyroid body. This is about the size of a hen's egg. The fourth tumor is situated above this and is now the size of a walnut. These tumors, at least the three larger ones, seem connected on the margin of the tumor that I have described as situated nearest to the base of the muscles. It is possible that it is a cystic degeneration of the thyroid body, and I have an idea that by making the posterior incision, that is, along the posterior part of the triangle, these three tumors might be brought out through the one opening. I think they are so connected that they could be removed through this one opening, and I am only waiting until the patient gains strength under constitutional treatment to attempt the operation. Now these tumors press the larynx away over to the right, I judge an inch and a half from the mediam line, so as to cause considerable hoarseness and much expectoration. There is inflammation of the entire mucous membrane of the larynx and she is incessantly spitting. In this connection an interesting question comes up, it is the cause of sudden death which occurs in cases of goitre, and for which authors have made quite a num-

ber of explanations, so many solutions have been offered as to indicate that the question is not settled. Some have attributed it to pressure on the laryngeal nerve; others attribute it to the sudden closure of the trachea produced by this pressure of the tumors, and a journal has of late offered an explanation, and demonstrated it by quite a number of post-mortem examinations. It is that the continued pressure of these tumors upon the trachea produces a fatty degeneration of that body and that sometimes the sudden movement of the patient produces such a pressure as to bend the trachea, just as you might bend a piece of hose upon itself, and he also called attention to the fact that patients suffering with goitre hold their heads right straight, and seem afraid to move their heads in any other direction than that which keeps the sterno cleido-mastoid muscles on the stretch, and he explains that if they didn't do this the danger from sudden death would be much greater. It seems to me quite an interesting question. I think these tumors should be extirpated as early as possible. Of course we know that the removal of tumors about the neck is attended with many dangers, and surgeons are usually very loath to take them out, but the dangers of sudden death from the effects of them, argues in favor of an early extirpation. In Dr. Rumbold's case, the question is whether he will not be very soon called upon to perform tracheotomy? Whether the pressure upon the trachea will not become so great that it is impracticable to remove the tumor, bodily or in part? Whether he may not be called upon to make an artificial opening into the trachea?

DR. DICKINSON.—Is there difficulty in swallowing in your case?

DR. LUTZ.—There is very slight dyspnœa but no difficulty in swallowing. It seems that both the œsophagus and larynx are pushed to the right, though with the laryngoscope you cannot demonstrate any enlargement of the tumor upon the lumen of the trachea or upon the larynx. It has simply pushed it to the right side.

DR. FAIRBROTHER.—Mr. President: It seems to me that Dr. Lutz is talking about two different things. The case referred to, where three tumors follow each other down the trachea, seems to have very little connection with what is generally understood as goitre; and with regard to the removal of the

tumor of goitre, that seems a little wild. When we come to try to define the border of this tumor, is it not a kind of hypertrophy involving all the tissues so that it would be impossible to circumscribe it? I have, not long since, had a patient die of goitre—a very large growth extending from the larynx down four or five inches and of a diameter, probably, of eight inches. Latterly, great dyspnœa followed that growth. It had been many years in existence, has been a burden to the patient for ten or fifteen years, having steadily increased in dimensions. There was marked dyspnœa until she couldn't lie down on her bed in the dorsal decubitus, and was obliged to rest and sleep in the erect position. This was so wearing upon her nervous system that she became enfeebled by it and ultimately died, the goitre being the indirect cause of death, from nervous irritation of the entire system. I didn't get a post-mortem examination, but after death I traced the trachea with my fingers back to this growth as far as possible, and to a considerable extent, but without finding any alteration in the direction of the trachea. Of course the goitrous growth impinged for five or six inches upon it, but did not alter its direction so far as I could discover. It did not alter its cylindrical condition; but when the patient was lying on her back, the weight of the tumor on the trachea resulted in dyspnœa.

Dr. Pollak.—In the mountainous regions of Europe there is plenty of goitre. I suppose one in every twenty persons in Switzerland and Styria is affected with goitre, but they always considered the removal of them impracticable. Nobody attempts to remove them. The ablest surgeons do not undertake it. I think Dr. Lutz will find that it is impracticable to remove them.

Dr. Lutz.—There have been plenty of them removed, and successfully, too.

Dr. Henske.—Speaking of goitre I saw a case of enlargement of the thyroid gland looking very much like a goitre. The man was 52 years of age and had an aneurism of the arch of the aorta. About three months after I saw him, he died suddenly. I suppose that this enlargement of the thyroid gland was due to the pressure caused by the aneurism upon the returning veins.

DR. DICKINSON.—Operations by the ecraseur are not always bloodless, though they are usually. I remember witnessing an operation for the removal of a cancer of the tonsils in Paris, by Maissoneuve, with the ecraseur and a more bloody operation I think I never witnessed. The position of the diseased part was very far back and low down, which rendered it difficult of access. But in regard to treatment of this case by electrolysis, which Dr. Rumbold made inquiry about, I think the suggestion a good one and worthy of trial.

DR. LUTZ.—I do not wish to continue the discussion of goitre, but I would say to Dr. Fairbrother that the difficulty of diagnosing cystic tumors of the neck is by no means a small one, and it is very rash for the doctor to assume, or suppose that, in the case I related, or the case that Dr. Rumbold spoke of, I was positive. Tumors about the neck are very difficult to diagnose because of the multiplicity of structures that compose the neck. The best diagnosticians—so far as my reading goes—have been mistaken about the nature of tumors about the neck, and there is no telling but what, in the case I have very imperfectly detailed, the tumor, or tumors situated along the course of the trachea and larynx are an incipiant goitre, and the other tumors may possibly be cysts that have developed there, or they may be a degeneration of the cervical glands. One of these cysts was tapped and they failed, with the ordinary hypodermic needle to extract any liquid, which would indicate that the cyst is not liquid, at least not liquid enough to be removed with the hypodermic syringe. There may be fluid of a similar kind as is found in ovarian cysts. I may say I didn't relate it in the outset because it has no connection with the case—that this girl has a rudimentary uterus and has never menstruated, and that there are three distinct tumors in the abdominal cavity, one of them connected with the uterus and the others are very likely connected with the ovaries. They are small but readily perceptible. They give no inconvenience at all, so that this seems to be a case in which there is a cystic diathesis—a tendency to develop cysts in the entire economy. There is no necessity for operative interference with the cysts of the abdomen. They give her no trouble. She never had any menstrual discharge, and never paid any attention to it until consulting a physician two or three months ago. The tumor in her neck grew, as she claims, one

of the tumors, the most posterior one, in one night. She went to bed feeling all right, and in the morning the swelling had appeared as large as a walnut. She consulted the family physician who prescribed some ointment and she says it disappeared, but subsequently reappeared, and the application of the same remedy did not influence it at all.

Dr. Dudley.—How long is it since the tumors were first seen?

Dr. Lutz.—About two months.

Dr. Pollak.—It may be possible that in the case Dr. Dickinson referred to as being so bloody, the plain smooth wire ecraseur was used, while the ecraseur of Chassaignac has a chain so that it is an entirely different thing. Maissonneuve was one of the most brutal surgeons that ever lived. If he was in the United States he would probably be hooted out of the community.

Ungual Exostosis.

Dr. Lutz.—I have brought a tumor I removed ten days ago. I brought it because it is rather a rare occurrence. It is a simple case of ungual exostosis—a tumor growing from the epiphysis of the cartilage of the great toe. A tumor that is confined almost exclusively to childhood, and is usually attributed to some injury, In this case the girl from whom I removed it was a very stout girl about 15 years old, and she says that while at school one of the scholars stepped on the toe which made it sore and ulceration set in, and the tumor grew until it had attained its present size. It was very inconvenient, as she could wear no shoe, and for a time the foot gave her a great deal of pain. It has been two years growing. I removed the first phalanges of the great toe. I could have removed the tumor without the phalanges, but it is questionable whether the tumor would not have returned. You will see the tumor here. It is exactly as it was removed—none of the soft parts were taken away at all. The girl made a good recovery and the wound is almost entirely healed.

Dr. Pollak.—Where did the cartilage come from?

Dr. Lutz.—From the phalanges of the toe. This class of tumors is not so often observed on the great toe, and on the

small toe, as it is on the tibia—this one grew from near the angle of the nail of the great toe, under it of course—and from the distal phalanges.

DR. MUDD.—Mr. President, the tumor exhibited by Dr. Lutz is rather a large one of the kind. It is on the usual site of development. It is on the distal phalanges of the great toe, distinctly over the front cartilage. I have seen a number of those tumors removed, but have never seen the phalanges sacrificed, but the tumor was cut down upon and taken out. The growth has not, as a rule, returned so far as I know. It is a very pretty specimen, but the result would have been about as good had he left the phalanges, although the usefulness of the parts will be about the same. There is a point in the discussion of Dr. Rumbold's case to which I wish to refer. The history of the case as I understand it is, that the patient observed some thickening about the neck which increased gradually, producing difficulty of respiration. Aphonia was present earlier in the history of the case and dyspnœa later, just how, or why, I don't know. The doctor's theory of the case is that the tumor commenced—as I understand—from the thyroid cartilage, and that it was enchondroma springing from this, and the questions propounded by him is as to what is the best procedure to take? Wherher we had better attempt to remove it or not? If there was no doubt that the tumor was a simple enchondroma and had not obtained such large dimensions, I should think it might be removed, but as it has attained such a large size in such a short time, I hardly think it can be a simple enchondroma, involving as it does all the tissues about the neck upon both sides, and pushing the arytenoid cartilage and vocal cord of the left side over to the right of the larynx, and not pushing as an enchondroma would be very apt to do—the larynx itself out of the median line. I think the history of the case as related by the doctor would indicate that it was a malignant growth that had its orgin from the cartilage, or from the tissue of the cartilage; and I should think the only resource left to the doctor would be to resort to tracheotomy, and relieve the patient of the difficult respiration.

DR. STEVENS.—Would there be any advantage in removing a portion of the tumor to prolong life? Would it be practicable to do that?

Dr. Mudd.—Where malignant tumors are disturbed, or only part removed, the growth of the part remaining is more rapid than if left undisturbed, so that death would occur more rapidly.

The way to prolong life would be to resort to tracheotomy, and give the patient free respiration. If difficult deglutition follow we might feed the patient through the œsophagus by means of a bougie; or that failing, we might resort to opening the stomach and feed him through a tube. I have now under observation a patient whose case is a very interesting one. He has a cancer of the larynx, which took its origin on the right portion of the larynx. There is also a large tumor on the right side of the neck cancerous, in its character. This patient was very comfortable during the winter and improved in his general condition, but this spring deglutition became difficult and emaciation commenced. We then commenced feeding him through the œsophagus tube, and he rapidly gained in strength and also in appearance, so much so that he was moved about with comfort, breathing freely and feeding regularly, getting an abundant supply through the tube—being able to swallow a little in the morning he was fed only once a day through the tube. Lately he has lost ground and has been unable to swallow any fluid. He is now fed once a day in the morning instead of the afternoon and is again improving in strength.

Dr. Pollak.—What do you feed him on?

Dr. Mudd.—Soup, milk and egg-nogg. In this case, which I hope to be able to report in full before long, I used Chian turpentine with very marked benefit to the patient, in that it relieved entirely for two or three months the pain which had become very harassing. During the use of the turpentine the expectoration of mucus from the throat was very much more free than it had been and the deglutition improved while he was using it. But the patient is getting worse and the tumor is developing and filling more completely the opening of the larynx, and the encroachment upon the œsophagus continually proceeds. I have used Chian turpentine in a number of cases of cancer—just how many I cannot say, probably fifteen or twenty, and I have found it to disagree with two. Most of them take it readily and willingly. I try to give twenty or twenty-five grains a day. In the case of the gentleman whom I refer to, he has not at any time taken so much. During the

early part of the time he took two doses a day, but later he has only taken one. I have used turpentine in a case of indurated cicatrix following the removal of cancer of the breast. The cicatrix, which was about the thickness of the little finger and quite marked has subsided entirely, and there is now a soft healthy cicatrix. She has had at no time any pain, simply an induration that made us fear the cancer was returning, that has disappeared. I think it is so generally in the use of turpentine, that the patients are relieved from pain within the first twenty-four hours after beginning the use of the turpentine. When this turpentine was first noticed by Mr. Clay, I, through one of our druggists here, obtained some of the article and I didn't find any benefit from that, but during the last few months I have been using some prepared by Schiefflin & Co,, and that has generally fulfilled some of the promises made for it by Mr. Clay, I don't think it will kill the cancers however.

DR. LUTZ.—It does not influence the growth of the neoplasm does it?

DR. MUDD.—In one case I have stated—a female from whom a cancer was removed in which the growth reappeared—not only on the cicatrix, but above and below it, the turpentine had diminished that and she has improved very much. It is a matter of importance to know that turpentine should be given in connection with sulphur. It is then more beneficial than when given by itself.

SATURDAY, June 18th, 1881.

Listerine.

DR. PORTER.—I had placed in my hands for trial early in the spring a disinfectant and antiseptic solution called "Listerine." It is a combination of several powerful antiseptics; the manufacturers give the formula, and it seems to be a good article. I was urged somewhat against my will, to try it and I have had good results from it. It is very pleasant, almost entirely harmless so far as any caustic effect is concerned, and it is a good disinfectant and antiseptic. I now use it in place of carbolic acid on account of the much more agreeable odor, and because I think it is even more efficacious. I have had good results from

its direct use in catarrh, and as a spray in bronchitis and laryngitis. While I know it is not the habit of members of this Association to praise any particular drug or combination of drugs, and we do well in that, still when we have a good thing we ought to let each other know it. While the name given to this medicine is not the one I should have placed on it, "I have not been able to refuse" to use it on that account. I don't like to see proper names given to combinations, such as "Fowler's" solution, "Hoffman's" anodyne, etc.

Dr. A. Green.—I would ask the doctor if he has tested its antiseptic properties on septic matter?

Dr. Porter.—I have started some such tests, but have not completed them for want of time.

Dr. Johnston.—Mr. President: This article, I suppose is intended to compliment Mr. Lister by its name Listerine. Indeed Mr. Lister has led us all captive, with a few exceptions, with his ideal doctrine of disinfection. Now what do we disinfect? That must occur to every gentleman's mind who thinks. I have, in this city, been invited to one or two operations where the room was disinfected. The air was so laden with carbolic acid that you could hardly breathe. What was that room saturated with carbolic acid for? What organism was there that would seize hold of the tissues after they were separated? It is bacteria? Beal in his "Small Ailments," says the white scum on your tongue is the site of living organisms, as we know it is in apthæ in children. Now we know that carbolic acid is fatal to them and we know what we disinfect. But why should any surgeon or physician go blindly into a room and saturate it with carbolic or any other disinfectant, unless he knows by this process we arrest decay and thereby arrest a form of life growing out of this decay which would be death to the living human organism? But it is strange, gentlemen, that we will go into a sick room and blindly use these remedies. Let us stop this until we ascertain whether these organisms are present or not, and what they are, and then let us disinfect.

Dr. Maughs.—I don't exactly agree with Dr. Johnston. I don't see that it would be practicable for the surgeon to wait until he knew what was the cause of decomposition, until he had learned what was the reason an antiseptic prevented it, before he

used it. Dr. Johnston would hardly wait until he found out what caused chills and fever before he gave a dose of quinine. He knows that quinine counteracts the poison which produces chills, and hence he administers it. We all know that carbolic acid or salicylic acid arrests decomposition, that we positively do know, but how it does it is a secondary matter. It is supposed by many that decomposition is the result of bacteria, and that they may arise from some septic cause in the blood and rapidly mul iply, producing carriers of the septic matter. Why it is so we do not know. We know that carbolic acid does prevent the decomposition of animal tissues, and, therefore, that it is likely to prevent the formation or increase of septic matter. Operations are therefore less liable to be followed by septicæmia when it is used, from the fact that it does prevent the decompositoin of the fluids of the animal tissue. We think decomposition is the result, or cause of the production of a lower form of animal life. It is immaterial whether the bacteria are the result of decomposition or the decomposition is the result of the presence of bacteria; the question is, does the disinfectant prevent septicæmia? That is all that is necessary to know. There are a few persons, doubtless, who would exclude it from the operating room, just as there are a few persons who would exclude or forbid vaccination, because we have had evidence of that in this Society. There are persons who think vaccination should be done away with. Well, I am not surprised at this. The practitioners of medicine do not agree on a great many points. The leading surgeons of the world unite in extolling the virtues of disinfectants when used in the operating room. Spencer Wells and J. Knowsley Thornton, two of the leading ovariotomists of the world make use of it in their operations. Dr. Gregory almost failed of a successful case of ovariotomy without it, but since Dr. Carson has very carefully introduced the practice of Lister in the operating room, he has scarcely had a death; a very marked improvement under its use.

Now, as I stated, it makes no difference whether decomposition is caused by bacteria or not, that is a matter of no importance. It does interest us to know that these disinfectants prevent the formation of septic matter, and Dr. Johnston can demonstrate that if he takes an ulcer and applies carbolic acid. I have used it a great many times in surgical operations and traumatic disease, and on taking off the dressing, days after, have found

no matter formed at all; indeed, it was one of the objections urged in this Society that it prevented the depuration that otherwise takes place by the formation of pus. I recollect that objection was made to its use under these circumstances during a discussions in this Society, on some cases of injuries which resulted in tetanus, and on which carbolic acid had been used, and no pus had formed. I don't know what causes the decomposition, whether bacteria is the cause of septicæmia, or septicæmia the cause of bacteria, but I know that these disinfectants prevent the septicæmia and I shall use them whether I know the cause of it or not.

Dr. A. Grern.—Mr. President: The introduction of antiseptics is the greatest thing done in medicine or surgery for humanity. I could mention a great many remedies which we use without knowing how they act upon the human systen, now we understand that, and for any one to stand up and speak against antiseptics is to make himself ridiculous in the scientific world.

Dr. Johnston.—I did not get up to speak against antiseptics. I am opposed only on the principle, that we should give an intelligent answer why we use antiseptics and for what purpose.

Dr. A. Green.—I think the action of antiseptics is not always to cause a coagulation of the albumen. Let us take some antiseptics, for instance—a solution of benzoate of soda—a drachm to four ounces of water. Now use this on a piece of meat which is stinking, and you will find that the offensive smell will soon leave, and yet I don't think benzoate of soda will coagulate the albuminoid matters. Salicylic acid will, but this solution of benzoate of soda will not cause coagulation of the albuminoids, and yet it is an antiseptic. If you take a solution of quinine you will not produce a coagulation of the albuminoids. Quinine is a very strong antiseptic. I think it is a stronger antiseptic than carbolic acid. I agree with Dr. Maughs that good common sense is the first thing; that we have to find out facts, and after we have found out facts, then we may try to give an explanation of those facts. If a fluid that emanates an offensive smell is introduced into an animal, you will poison that animal; but before you introduce this septic matter into another animal, apply an antiseptic to it and then inject it hypodermically, and you will see that you will not poison that animal.

This thing is very easily demonstrated. Now you say what do we produce by this? What is the matter? Well learned men have told us what it is, but you say it is only theory. I have made experiments myself. When I pass by some place where it is very dirty, I think there must be a great deal of this bacteria there, and if so, and if bacteria is the cause of all this trouble why don't these people die? I ask myself this question. I have sometimes treated patients in such places and I say to myself, if this place is so full of bacteria, how do these people escape from the consequences of them? Billroth says there are some bacteria that carbolic acid will not kill, so that according to some, we have two kinds of bacteria. In conclusion I would say, that as sensible men we know, of course, that we must use antiseptics and not abuse them. I don't know whether some of our members who are present know that some antiseptics will not deprive a substance of its offensive smell, some of them will not take away the offensive smell from sulphuretted hydrogen gas. Carbolic acid will, I think, but some of them will not and yet they are antiseptics.

Tumor of the Neck.—Epulis.

DR. PREWITT.—I would like to present a specimen. About a week ago a mother brought her boy, who was five years of age, and who had an immense tumor upon the side of the neck, to me for advice. He had been under the care of a number of physicians who had treated him with all sorts of things, with a view of promoting the absorption of it, and had failed. The mass extended from the zygoma, I might say to the clavicle, very nearly to the middle of the neck, and projecting out a huge mass upon the side of the neck. The trachea was pushed more or less to the left side, the jugular vein and its branches were large and very marked over the tumor; of course, there was very great deformity, and the mother was exceedingly anxious to have something done. I was satisfied that medication would do no good and told her so, that the only thing that would do any good was the removal, and that was a desperate undertaking and would probably result in the death of the child, but she was anxious to have the attempt made. The child would die anyhow, and she told me the boy was anxious, and said he would rather be dead. The children laughed at him on the street, and he would come in crying and say he would rather be dead than to be in that condition, and after a good

deal of reluctance, I finally consented to attempt to remove the large mass of tumors. He bore the operation pretty well, and this evening when I saw him was quite comfortable. I operated to-day. In making the operation I made an incision along the posterior part of the tumor, and a transverse incision across the neck. I cut down upon the posterior part of the tumor, tearing the connective tissue with the handle of the scalpel and tying the blood-vessels, all the arteries and veins as I went along, so as to permit of as little loss of blood as possible. During its removal I had to cut through the sterno-cleido-mastoid muscle, laying bare the sheath of the vessels, digastric muscles, etc., and cutting the superficial cervical nerves. I have here the mass which you can see. The tumor was on the right side. It pushed the larynx to the left. He stood the operation very well, not losing more than four or five ounces of blood. The tumor had been growing for two or three years. He was feverish. The thermometer showed a rise of temperature, and the probabilities were that the boy would have got worse and worse and his health would likely have declined, so I thought it justifiable to make the attempt at removal. It was lying upon the sheath of the artery and investing it. This other tumor is an epulis which I removed about three weeks ago, from a girl. That growth was from an alveolus in front, and developed on both portions of the jaw until it made a huge mass on the chin, projecting out on the lower lip and pushing it out and making a very great deformity, and seemingly involving the entire thickness of the jaw. I supposed at first I would have to make a partial resection of the lower jaw back near to the ramus; but knowing that the base of the jaw is not involved in true epulis, and that it is known not to be a malignant growth, I determined to save a portion if possible with a view of holding the tongue. I made no external incision, but simply pulled the lip down over the jaw, but I determined to save enough of the bone to hold the tongue, so with a metacarpal saw I cut through the jaw in this way, leaving a very thin plate of bone. It becomes a little thicker as you pass back. So cutting through the bone I pulled out the tumor. The girl is doing well. I operated three weeks ago.

Dr. Stevens.—Did you use chloroform?

Dr. Prewitt.—Yes sir.

Dr. Johnston.—How long has it been growing?

DR. PREWITT.—Six or eight years. The patient is about 12 years of age.

DR. STEVENS.—We would like to hear Dr. Lutz give a statement of his case that died a short time ago.

Death from Chloroform.

DR. LUTZ.—I feel much like a sinner giving his experience in prayer meeting, but I don't consider myself a sinner exactly in this case. I had a sad experience lately; you will remember that on last Saturday night, in connection with a case reported by Dr. Rumbold, I spoke of a case under my care in which there were a number of tumors involving the neck. I had had the patient under my observation for three weeks, she having been sent to me by Dr. Boisliniére, under whose care, and that of Dr. Gregory the case had been before, and they had told the woman they would operate on the tumors, make an attempt to remove them, if she would go to the Sister's hospital, but she declined, and then Dr. Boisliniére gave me an introduction, describing the case to me, and I treated the woman three weeks preparatory to removing those tumors. Last Monday morning her sister came to my office and said that the patient was very anxious to have this tumor removed, and begged me to set the day for the operation, as she felt quite strong, felt as though she could undergo the operation, so I set Wednesday morning, at six or half past six in the morning for the time. On Tuesday afternoon she felt quite well, was up and around the house. I then examined her throat and found no dyspnœa, no difficulty in respiration and no valvular disease of the heart. On Wednesday morning, according to our agreement, I went to the the house and found her cheerful. I again examined her heart but found no trouble to contraindicate the use of chloroform. The gentleman who administered the anæsthetic has done so a number of times for me—I may almost say a score of times—he poured a drachm of chloroform on a handkerchief folded in the shape of a cone, as had been my habit of doing. I explained to them the probable effect of the anæsthetic, that she would feel like choking, and, as I usually do, I told her to count very slowly one, two, three; when she got up to ten she raised up on the table turned aronnd and fell back dead. The face became very purple, especially the ears and face around the mouth. We, of course, at once instituted artificial respiration, put the finger

down the throat and took the epiglottis off the funis of the windpipe, but everything failed. I continued artificial respiration an hour and a half, and I have never been so tired in my life. It was of no avail, she was dead. Now there was no valvular disease of the heart that I could detect, after a careful examination. It was suggested to me during the week that possibly one of the tumors pressed upon the pneumogastric nerve, and she died of paralysis of that nerve. One day last week, I think it was, Dr. Wesseler administered chloroform for me in a case in which I amputated a leg and the man came near dying. He stopped breathing and it was only after raising the epiglottis that he began to breathe, and I have, on a number of occasions, had patients cease breathing under the administration of chloroform; but they always revived, and this is the first unfortunate case that I have had. I don't think I have administered any other anæsthetic but chloroform except it is bromide of ethyl which I tried in half a dozen cases. I think chloroform is the best and safest anæsthetic that we have, but it seems to be the experience of all who administer it a great deal, that they will, some time or other, meet with a fatal case. Whether or not there are persons or families who possess idiosyncracies which render them peculiarly susceptible to its influence, I am not prepared to say, but certainly I have given it time and again without any bad effect, and I have had, maybe, three or four cases in which I thought my patients were faring badly under it; but this one case was an unfortunate one. Fortunately for myself and the gentleman who administered the chloroform the people were very much reconciled. They felt as though it was not our fault, and of course, were not inclined to give us any trouble. After I was satisfied that the girl was dead I went to the coronor, and he at once held an inquest and pronounced the death accidental. Still it was very fortunate that the people took the view they did of the case, otherwise I might have had a case on my hands for malpractice or something of that kind. I think I shall continue to administer chloroform. I shall, perhaps, be even more careful than I have been in the past; but I don't feel that this one case should deter me from continuing the use of the same anæsthetic.

Dr. Post.—I would like to ask the doctor about this theory of pressure on the pneumogastric nerve?

DR. LUTZ.—That was only a theory. I felt as though I was doing very well to get out of the case as it was, and I didn't feel like urging a post-mortem examination, although I regret not making one, and it seems to me the theory is pretty well founded.

DR. POST.—You say that she raised up and fell back. Did she maintain the vertical position any length of time?

DR. LUTZ.—No sir; she raised up and then fell back and died; of course, that had nothing to do with the death. The chloroform was not administered when she raised up.

DR. POST.—One means of restoring a patient is by lowering the head, and if she maintained the vertical position it might figure in the case.

DR. LUTZ.—No sir, she didn't. She just raised up long enough to fall back, and of course I at once lowered her head and had the epiglottis pulled away from the trachea, at the same time keeping up artificial respiration. I thought sometimes I heard the heart beat, and Dr. Holland, who was present thought he heard the heart beating, but afterwards came to the conclusion that it was his carotid that he heard, or maybe, his own heart, for of course we were not very calm.

DR. HURT.—Had she passed the spasmodic stage before she raised up?

DR. LUTZ.—I don't think she ever got into what we call the first impression of the chloroform.

DR. PORTER.—Doubtless we are all inclined to look upon this case as one of accidental death and not due more to the chloroform than to other causes. I have a word to say about the method of giving chloroform. About three years ago when it was my duty at the London Hospital to give chloroform—because ether was not in use there until some time afterwards, when Dr. Jeffreys personally introduced it to the English profession—it was our aim to give chloroform carefully and economically and many little tricks and contrivances were made use of to attain this end but none of them very satisfactory. Among my early patients was a lady to whom, I am quite within the mark when I say, I have given it a hundred times or more on account of severe neuralgia and dyspnœa. It was a matter of importance

to give the chloroform in this case neatly and economically. I used an ordinary goblet with a handkerchief in the bottom of it pressed down firmly so that it adhered to the goblet and a few drops of chloroform on it, the goblet being inverted over the patients nose and mouth—not quite close. The vapor of the chloroform being heavier than the air falls in to the mouth and nose, and yet, there is a good current of air under the edge of the glass so that you do not cut off the air as you do with the cone. This is a very economical way of using chloroform; that however is a minor matter. The patient is rapidly affected by it and its administration in this way is seldom followed by the sense of nausea. I was pleased to hear from a very intelligent physician and surgeon with whom I was in consultation a few days ago near Cairo, that he had been in the habit of using this method and he thought it was a good one.

Dr. Scott.—I give chloroform in the same way except that I use a sponge instead of a hankerchief. I administered chloroform in this way in a case of obstetrics not long since, but it was not followed by the absence of nausea; in fact, it was very severe, my patient suffered with nausea for some hours. It doesn't prevent that effect. I certainly endorse that way of giving chloroform by putting it in a goblet and a sponge. I never heard of that way before, but I thought it was a good idea and I adopted it. This lady of whom I spoke takes chloroform very readily. A year ago, the 16th day of last July, I assisted in making an operation for ovariotomy upon the same patient, giving her chloroform and she was sick for twelve hours afterwards, vomiting etc. In fact vomiting followed its administration this time also.

Dr. Hurt.—For some years I have felt satisfied in my own mind that the secret of success in the administration of chloroform depended upon its administration in conjunction with a sufficient amount of atmospheric air to maintain aeration of the blood, and whenever we so administer it as to diminish the oxygen that is entering the lungs at the same time, below a certain percentage we endanger life and so long as we can succeed in administering it in conjunction with a percentage of atmospheric air, sufficient to sustain aeration we will not endanger life any more with chloroform than we will with any other anæsthetic. That is a matter of opinion, however.

DR. PREWITT.—That theory will hardly do. You can't get around the dangers of chloroform in that way I don't think. It is not simply asphyxia. The woman was not smothered to death. You couldn't have smothered her in a minute. The death was due to something else. There is cardiac paral·sis, perhaps something of that sort occurs. It is not simply that she didn't get enough oxygen.

DR. MAUGHS—I agree with Dr. Prewitt. I would say however, that in this case the profession would endorse Dr. Lutz in the administration of the chloroform in every particular. He observed all the precautions that could be observed. The patient may have died from a lack of a sufficient quantity of atmospheric air. Patients have been smothered in that way or death may have occured from paralysis of the heart. Dr Lutz suggests that it was probably from the pressure of the tumor on the pneumogastric nerve. It is impossible to entirely exclude the the possibility of danger in the use of chloroform, but the same thing can be said of every other remedy. It is utterly impossible with a remedy that is so powerful in its effect upon an individual, controlling as it does the animal life; so that it is not surprising that occasionally its use is followed by unfortunate results. I have been in the habit of administering chloroform with ether in equal parts, and I think it diminishes the dangers. I adopted this practice immediately after the general introduction of chloroform. There are unfortunately some cases where death occurs after the administration of anæsthetics that are entirely outside of the manner of its administration. In this case of Dr. Lutz, the fact that the patient died as she did showed that there was, perhaps, some fatty degeneration of the heart. Valvular disease of the heart does not influence a deleterious effect in the administration of chloroform; but fatty degeneration would do so as it acts to diminish the cardiac support. In this case the heart may have been paralyzed but whether there was fatty degeneration or not we can't tell.

DR. SCOTT.—Dr. Lutz suggested that some persons might have a peculiar idiosyncrasy which renders them more liable to the fatal action of chloroform than others. We often meet with patients who have these peculiarities. Last week I was called to see a girl who was suffering from an attact of chills and fever. Quinine was administered but it produced a very severe pain in

the stomach; a severe cramping pain. It seemed almost a neuralgia. The girl suffered intense pain on the administration of quinine alone.

Cinchonidia was administered and produced the same result. I never met a patient before in my life who possessed this peculiarity. It may be that there is among some people a peculiar idiosyncrasy which renders them peculiarly susceptible to the effect of chloroform. I have never seen a patient die on the operting table from the use of chloroform but Dr. Prewitt will remember a little girl to whom I administered chloroform for Dr. Pope to perform an operation. I had administered chloroform a great many times for Dr. Pope at the Sisters' Hospital, and I was very careful in giving it to this little girl, but she came very near dying. Dr. Pope thought she was dead and so did I, and but for the coolness of Dr. Pollak she would have died. Dr. Pope became perfectly unnerved, sat down on the side of the table and said "she is dead; there is no hope." Dr. Pollak did as Dr. Lutz did, used artificial respiration, and we had the pleasure of seeing the patient get well but we had no operation that day. I think such idiosyncrasy exists and we cannot find it out without testing. In this case of Dr. Lutz it may be, as he suggested, that the pressure on the pneumogastric nerve caused the death of the patient.

ARTICLE XXXVI.

THIRTY-FIRST ANNUAL MEETING OF THE ILLINOIS STATE MEDICAL SOCIETY HELD IN METHODIST HALL, CHICAGO, ILL., MAY 17, 18 AND 19, 1881. [Reported for the JOURNAL by A. H. OHMANN-DUMESNIL, M. D., of St. Louis.]

[Continued.]

SECOND DAY, MAY 18, 1881. MORNING SESSION

REPORT OF THE COMMITTEE ON OPHTHALMOLOGY AND OTOLOGY. BY DR. F. C. HOTZ of Chicago, Chairman.

Every doctor who is interested in these subjects, desires to be informed:

1. Upon the new books of merit that have appeared.

2. Upon new discoveries.

3. Upon new suggestion in modes of treatment and of operating.

1. The book market, during the last year has not been overstocked. The books deserving of special notice however, are De Weckers' "Therapeutics," (English edition), a new edition of Soelberg Wells, Adolf Alt on the Human Eye, A. H. Buck on Ear Diseases and Turnbull on Imperfect Hearing and the Hygiene of the Ear.

2. Quinine Amaurosis, blindness from overdoses of quinine, is among the new discoveries. Every body has long known that quinine produces deafness. Michel of St. Louis, Tuner of New York and the author have detailed cases of quinine amaurosis.

Malarial Keratitis has been observed by Kidd of Newark. The reporter has had several cases which confirmed Dr. Kidd's statements.

Homatropine is a new mydriatic, accounts of which have been published by H. S. Schell, F. C. Hotz, W. F. Little and others. It acts as quickly as atropia and its affects disappear in from 12 to 24 hours, completely. This is a very great advantage, where we wish to dilate the pupil temporarily.

The early diagnosis of phlebitis of the lateral sinus is a valuable discovery by Dr. J. D. Green of New York. He has shown that it is caused by thrombosis of the veins.

Malarial otitis has been fully recognized; otitis intermittens first noticed by a German physician was brought to the notice of the American profession by Dr. Hotz. In a case, twenty grains of quinine were given a day and all aural troubles relieved.

The audiphone has received considerable attention during the last year. D. Turnbull pronounces it unsatisfactory. He says that, in ten cases of deafness, only one was improved; two were not; and six were only improved by the use of the ear trumpet. S. Sexton believes that its range of usefulness is limited. Holmes says that the number of deaf practically benefitted is small. H. Knapp by a number of comparative tests concludes that the audiphone increases hearing in a moderate degree, but its value is greatly exceeded by the ear trumphet.

3. The magnet in ophthalmic surgery has done good. In 1874 W. C. Evens of Belfast, Ireland removed iron from the vitreous by means of a magnet. In 1879 Hirschberg, of Berlin did the same and in 1880 Knapp, Oppenheimer and others employed it.

The author presented the latest instrument devised for this purpose. Its point can be easily introduced through the sclerotic into the vitreous, and it is very easily handled.

Optico-ciliary neurotomy and neurectomy seemed humane and plausible, inasmuch as it is well conceded, that the ciliary nerves are the route for sympathetic influences. This is well enough in theory. Dr. Barrett, however, noticed a return of the sensitiveness of the cornea six months after the operation, showing that probably union had taken place. Dr. Chisolm had, eventually, to resort to enucleation in two cases, a few weeks and months after operating. Others have noticed the same thing, that the sensitiveness of the globe, and especially of the cornea returns after the operation has been performed. Hence they oppose the operation as it gives a delusive security.

I saw several specimens of the operation. In one the eye had to be enucleated two days after, and in others the eyeballs were so atrophied, deformed and diseased that they were of no

use, and the only reason for this state of things was, that the operators desired to practice the new operation.

It is only warranted under the following conditions:

1. When the eyeball is of normal shape and appearance.

2. When the patient resides within easy reach of the oculist, so as to observe it closely. Otherwise it is criminal carelessness.

TINEA TONSURANS: Report of Special Committee on Dermatology and Syphilis. By Dr. W. J. MAYNARD of Chicago.

The field of dermatology offers many interesting things to the physician. There are few more erroneously diagnosticated affections than ringworm of the scalp. Ringworm of the body is so common, so harmless and so easily cured that the majority of cases are not seen by the doctor, while the same disease of the scalp presents such variations that it becomes a matter of difficulty to form a correct diagnosis, at times.

In a report to the American Dermatological Association of 11,047 skin disease 356 were of vegetable parasitic origin, 31 of these being tinea. In the skin department of the Central Dispensary, the same proportion holds, in 2,300 cases there being 67 of tinea tricophytina and of this 21 of the scalp alone.

A typical case commences with a small, itching, scurfy spot. It usually presents a well-formed circular patch, yellowish, grayish or ash-grey in color and itching. The hair is short and thick and as if broken off, and stud the patches. If one be pulled out, it is an eighth of an inch long, thickened, brittle and dull and not lustrous like normal hair. There are invariably found one or more small itchy spots, with no involvement of the hair. It might be taken for commencing desquamating exzema. This is unfortunate for the patient, for it is only then that anything can be done for the patient.

There are other phases of the disease which many result from the patient's negligence, an erroneous diagnosis or insufficient treatment and, of course, occur in later stages of the disease.

The true type of the disease is sometimes lost sight of, and there appear irregular patches, involving a large part of the scalp, which are dry, branny scales or scabs, resembling seborrhœa. Another form is where there are pustules scattered over

the scalp, sometimes solitary or, again, in groups. It is an evidence of suppuration in the hair follicles and it is a common thing to see small bald spots follow this form. The patches become inflamed, œdematous and raised and covered with suppurative points or apertures with a gummy exudation—tinea kerion. It is rather a simple dermatitis with inflammation of the hair follicles, than a particular disease. This form follows injuries, blows or irritating remedies.

Just what condition of system is necessary for this is not thoroughly understood; certainly there is a lack of freedom from a strumous diathesis.

Observation shows, also, that there are grades of this variety of tinea. When attended by a gummy discharge, the fungus may luxuriate. When there is a free production of pus, the fungus is killed, the hair separating. This fact is made use of by inducing an artificial inflammation.

Eczema and psoriasis both attack the scalp, and are more often confounded with ringworm. In typical cases there is no difficulty. In eczema, there are no well-developed patches and the hair is natural and firmly set in. It is impossible, however, for eczema and ringworm to co-exist. Any falling out of the hair must be looked upon with suspicion.

There is a stronger resemblance to psoriasis, but in this the patches are circular and well-defined and it is a general disease. The hairs are more natural in appearance, and scales more abundant.

Ringworm of the scalp is essentially a disease of children. When it has existed a number of months and become chronic, it closely resembles the disease mentioned. The circumscribed baldness is sometimes mistaken for alopecia areata. In the latter, however, the hair falls out suddenly and is only temporary, a new crop soon re-appearing.

In the later stages of tricophytosis the main reliance for the purpose of diagnosis is in the condition of the hairs themselves. By lifting them and combing in the wrong direction we can see that the hairs are broken off and have lost their natural lustre, When we try to pull them out they break near the scalp. Should progressive suppuration go on, they become thickened, twisted, have their roots swollen and are lighter in color. If there be any doubt still, use the microscope. Soak the hair in liquor potassæ, and the fungus growth is recognized the spores

being seen on and in the hair. They are round cellular bodies in rolls or groups, a few being isolated. In some cases they are so abundant as to rupture the hair. The diagnosis being made, we next go to the

Treatment.—When ringworm occurs in a family, prevent its spread as much as possible. Discover the origin, if possible, and remove it. It is more often contracted from the lower animals. The worst case I saw was from a pet squirrel. It is very quickly transmitted from canine animals to man, in seven to fourteen days. It is also acquired through contact and the atmosphere. That the fungus is the cause in the lower animals, is seen from the same characteristics of the disease. If we wish to limit the spread of the disease we must isolate the children as much as possible. Each one so affected must have his own cap, hat, comb, brush, etc., and not be allowed to go to school.

In the treatment of an individual case, cut the hair close, in a boy; in a young girl, whose parents object to this, it becomes a matter of importance to save the hair. If there be only one small patch, it is only necessary to shave or cut close to that part. If there are small disseminated patches, cut the hair off of all the head. The next endeavor is to remove the scabs, soak the parts with a one-fourth solution of sulphurous acid in water.

The remedies to be used belong to two classes:

1. Inflammatory, such as cantharides, iodine ointment, crysophanic acid, etc.

2. Parasiticides, milder in action, such as sulphur, sulphurous acid, mercurials, etc.

The first method is used when there are but a few isolated patches or but one.

I have personally used the mercurials. In dispensary practice the ammonia chloride is employed, and the oleate in private practice, it penetrates more deeply and more of it is absorbed.

The disease will not disappear in severe cases until depilation has been thoroughly done. Being a very laborious work, and only the diseased hairs having to be removed, it is best to get an intelligent member of the family to do this. Forceps made for this purpose should be used. Some are too delicately made; the requisites are broad tips and a strong handle. Where

the hair is broken, the only alternative is to wait until it grows again.

Internal Treatment.—In cases where there exists bad assimilation, the iodides, iron, arsenic, good diet and change of air, one or all are to be given. Even after the disease is apparently cured an examination should be made as relapses are common. Soft downy hair should come out, unless the folicles are destroyed, in which case permanent baldness will result.

THE INFLUENCE OF SUB-MUCOUS FIBROIDS ON GESTATION AND PARTURITION. By DR. C. T. REBER of Shelbyville.

I have merely the record of two cases to present and they may prove interesting.

CASE I. Mrs. G., æt. 34 multipara, had her menstruation cease nine months previous. At the usual time of four and one-half months, quickening occurred. Two weeks later no further signs of life in the fœtus were noted.

Some weeks previous to labor a quack said it was a case of dropsy, and offered to effect a cure for $25.00. About three hours after the labor pains set in a dead, softened, discolored fœtus of five months gestation was expelled. There was dangerous flooding following the removal of the placenta, and hardly any uterine contraction. Cold, ergot and the hand in the uterus, to turn out the clots, were resorted to, and two sub-mucous fibroids discovered, one in the upper and one in the middle segments of the organ. They were of considerable size and had broad bases. Finally hemorrhage was arrested. In this case, the death of the fœtus and the hemorrhage were no doubt caused by the fibroids, which were lobular in shape, and five and three inches in diameter respectively.

CASE II. Mrs. C. T., aged 30, primipara had several sub-mucous fibroids before marriage, which grew rapidly afterwards. From sixteen inches it diminished to eleven under the use of ergot, iodide of potassium and bromide of potassium. She conceived and the tumor increased with pregnancy. At seven months, premature labor set in and a living fœtus was born. The life of the woman was endangered by hemorrhage following the removal of the placenta. She made a slow recovery.

The head of the child was indented by the tumor. On the left it was twice as large as on the right. In this case the pre-

mature labor and the hemorrhage were caused by the fibroid.

In Nov. 1880, three years after the previous confinement, she had a sensation like labor pain, a very slight feel of contraction of the womb could be found, the os was two or three inches, soft and dilatable, and the contractions were too feeble to make the membranes tense. They were broken and two living children were removed by the feet. Each child weighed about seven pounds, and during their extraction there were no pains of the uterus. A half drachm of ergot every half hour was given. The tumor had become quite large and involved a large part of the organ. The placenta was not removed for an hour, and when removed a fearful hemorrhage set in, followed rapidly by collapse and unconsciousness. Whiskey, ergot hypodermically, the hips elevated etc., were all resorted to; but there was no pulse at the wrist for an hour. On the third day peurperal mania set in and septicæmia of the labia, which was very offensive.

Finally a very tedious recovery was made, and the patient is now in good health—the tumor remains. The children are living, but she has no milk.

All of these changes are caused by the tumors, directly and indirectly, and conception under these circumstances is a reckless procedure.

There is very little said in the books on this subject, and a gentleman asked a question, not long since, on this subject and out of seventy members present, not one could say anything on the subject.

THE MANAGEMENT OF THE AFTER-BIRTH IN ABORTION. By DR. W. S. CALDWELL, of Sycamore.

The author began by remarking that this occurrence was limited to the early months. He protested against the apathy in the profession and laity existing as to the amount of hemorrhage a woman can bear without imperilling her life. If a man has a small artery cut, a surgeon is called, but a poor woman in childbed, is allowed to bleed until syncope, before aid is summoned or tendered to her. In a quarter of a century I have never had a death from this cause; but when I have flooding, I experience an anguish as by the bedside of no other patient.

Septicæmia in its manifold forms is one danger. If the patient escapes this, there are the endless forms of anæmia. Who

can not recall a patient, an invalid for years, from the time of such a hemorrhage.

In the summer of 1874, Mrs. R——, aged 32, had some teeth extracted and suffered a shock. She flooded, and had missed her courses some nine to ten weeks, being pregnant. The midwife recognized the fœtus and afterbirth, as she thought. The patient flooded for about a week and the family physician was called in, and the flooding still continuing, the doctor made an examination of the case and concurred with the midwife that the placenta was expelled. He said that the patient must soon die.

I was called to see the case and found her in syncope, the pulse scarcely preceptible, vomiting. I promptly gave ergotine and morphine hypodermically. Examination showed the os patulous, but I could not get beyond the internal os. I gave ether and with one hand above the pubis, introduced the index finger in the body of the womb. I found an elevated mass, which I peeled with the finger-nail, and found it was a portion of placenta. The flooding ceased at once. Opium, nux vomica, milk punch, etc., were administered, and she made a good recovery.

My mode is not new or original. If a young man takes his books he will find a vaccilating course laid out. Expectancy, the tampon, ergot and the like are well enough, if no active interference is necessary. The finger is better than the placenta forceps to remove fragments. Is it always possible to deliver the placenta in this way. I have never failed except in the following:

Case. — In February, 1881, Mrs. S——, aged 30, II para, a miscarried on a visit. She was probably two and one-half months pregnant. She got up slowly, flooded more or less and returned home in four weeks. She was then taken worse and flooded profusely. On examining her I found the womb large, the os little dilated; could not get my figer in the cavity. I tamponed the vagina thoroughly and applied alum. Gave fluid ext. ergot, enjoined the recumbent posture and hot water injections. I do not believe in the efficacy of ergot in cases of this kind. Although the hemorrhage lessened, the patient lost blood so fast that she grew worse from day to day.

Dilated the cervix with laminaria tents for six hours. Three

more tents were introduced and allowed to remain twelve hours. I then introduced the index finger to the fundus and felt an elevated mass. The os was so rigid that I could not scratch. I took a curette and removed the offending body. I determined the position by the feel of the mass.

LARYNGEAL TUMORS. By DR. E. F. INGALLS, of Chicago.

The author presented a drawing of a healthy larynx, calling attention to the parts as presented in the laryngeal mirror. It is less than a quarter of a century since laryngology was snatched from empiricism and had become an established branch of medicine. Since the experiments of Czermack and Türck, many tumors of the larynx have been removed.

Nearly all varieties of tumors are found in the larynx. Of these, 97 to 98 per cent. are benign, the papillary predominating. The following is a comparative table:

Papilloma 75 per cent.	
Fibroma, 20 " "	
Cystic,	5 per cent.
Sarcoma,	
Lipoma,	
Mucoid,	
Vascular or adenoid cancer,	

Morbid growths in the larynx occur chiefly in males from 20 to 40 years old. In my cases the youngest was 6 and the oldest 70 years of age. Excepting the malignant growths, they are all the results of chronic catarrh; syphilis, phthisis, measles, croup, diphtheria, whooping cough, etc., are exciting causes.

The patient usually has a history of a severe cold from which he never fully recovered; a hoarseness, sometimes better, at others worse and finally presistent. A fibroma may become complete and dyspnœa become great. Often they complain of a tickling in the throat, and if the tumor be pedunculated, it is like a foreign body in the larynx. These growths seldom cause much pain, but occasion much discomfort. When of some size, or even small, swallowing is hard and speaking tiresome. The respiration is often stridulous. There is a cough present, but varied in character. It may be harsh and dry or easy and loose. In some there is scarcely any cough; in others it is very distressing. When the neoplasms are small, expectoration is slight; when large, it is sometimes excessive. This collection of secre-

tion is often the immediate cause of death. The peculiar location of the tumor also exerts some influence.

The prognosis depends upon the size, location and treatment. If small and above the vocal cords, there is no particular inconvenience. If on the cords, it causes more or less aphonia. It may cause this if not larger than a pea, and above the vocal cords. The tendency is to increase the size, though some may remain stationary for years. The hoarseness does not disappear until the tumor is removed.

Large growths may jeopardise life, interfere with the respiration by sudden choking or imperfect aeration of the blood. Sometimes the pernicious effects are due to deglutition.

Malignant tumors are fatal whether properly treated or not. It is claimed that two cases recovered. Treatment may prolong life for a few days or months, but the time will come when tracheotomy or extirpation of the larynx will only add a brief span to life.

The treatment of benign tumors consists in lessening the hyperæmia and removing the growths. A few laryngologists do not advocate removal, but a treatment for chronic laryngitis. I have seen tumors diminish in consequence of the persistent use of such remedies. If persisted in and increased the treatment stimulates to growth.

I am in accord with those who think that they should be removed by operation, through the natural passages, if possible; if not, then by tracheotomy. Extra laryngeal methods should not be adopted unless life be endangered.

Most papillary growths are not larger than peas, sometimes, of the size of a walnut. They are multiple, occurring on the vocal cords, the ventricular bands, epiglottis, inter-arytenoid fold, the last being especially caused by phthisis. They are pedunculated and sessile; pink, laminated, soft and friable. They may be detached by an up and down movement of the sponge. They do not recur except in phthisical patients, about three in four times. A chronic hyperæmina of the mucous membrane is the cause.

The author then related three cases in which he showed that a circumscribed swelling of the mucous membrane may show the the future location of a tumor.

Case IV. Patient aged 30, had sore throat and hoarseness.

Syphilis and phthisis absent. A tumor, the size of a large pea, on the right vocal cord, standing out into the glottis. Lungs and heart normal. The tumor was slightly pedunculated. It was removed in two sittings and the base cauterized with nitrate of silver. Hot applications to the neck ordered. Three days later, the vocal cords were congested, the soreness of the larynx having lasted a few hours only. A chloride of zinc solution was applied to the cords, and a tonic ordered. The voice was good, but not for singing; the vocal cords were still of a pink color. A twenty grain solution of chloride of zinc applied and a four grain solution to spray. In six weeks the vocal cords were of a natural color and the voice perfect.

Case VI. Aged 25; ten years ago, nearly suffocated by a tumor which was removed by Prof. Bruns of Tuebingen and thoroughly cauterized. Complained again, there being a small semi-transparent growth at the anterior end of the right cord. There was also a papillary growth on the inner side of the upper part of the arytenoid. The smaller was destroyed by nitrate of silver, the larger removed, and its base cauterized. The operation caused little pain, but the caustic caused much. Hot fomentations were applied to the neck. The papillæ at the base of the tongue were enlarged.

Case VIII. E. C. H——. aged 24, had a papilloma on the under surface of the epiglottis. Two years before had pneumonia in the upper lobe of the right lung. Had pleurisy three months before seeing me, and had sore throat and hoarseness since. Had cough at night with little mucous expectoration. Lost six or seven pounds in twelve weeks. No syphilis or phthisis; the apex of the right lung a little consolidated. Six papillary growths on the under surface of the epiglottis near the vocal cord. The ary-epiglottic folds slightly pyriform. Diagnosis of laryngeal phthisis. Pencilled with a solution containing sulph. morph., carbol. and tannic acids and glycerine. The papilloma removed and the larynx touched three or four times. Comp. tinct. benzoin given to inhale, cod-liver oil and a fifteen grain solution of chloride of zinc given at intervals. A friend said he died suddenly in Texas, probably of œdema of the glottis.

Fibrous tumors are generally small and in the cords, rounded

in outline, single and pedunculated. They may be nodular, or attached to a broad base. They vary in color from a grayish white to a light red. They have no tendency to return. Have removed them in two cases with complete recovery.

Fibro cellular growths are somewhat similar; removed it two cases with good results.

Fibro-cysts. Had one case, but was unable to operate as it was at the posterior end of the ventricular band.

Cancer. In the early stages, the diagnosis is doubtful. Often the essential cachexia never presents itself, and the tumors vary greately. The author cited two cases. In both they justified the worst prognosis, the patient dying a few months after the disease became developed.

The forms of treatment are: Removal through the natural passages and by cauterization; 2. Tracheotomy; 3. Thyrotomy, and 4. Extirpation of the larynx.

Tracheotomy may add several months to the life of the patient, and as much as two years.

Thyrotomy with removal of the growth is very unsatisfactory; in some it could not be completed, and in others they died very soon after.

Extirpation of the larynx is attended with great dangers. Out of twenty operations performed, eight patients died in two to fourteen days after; one in six weeks, and in eight others proved fatal in a few months. One died one and a half years later of phthisis, and in the other two there was no return of the growth.

Tracheotomy holds out the most inducements, but at best, it can only add a few months to a miserable existence. The author had cases, but time would not permit the reading of them.

DISCUSSION.

DR. TRUESDALE of Rock Island, felt highly entertained, but was surprised that carbolic acid was so little used in chronic inflammation of the larynx. During the past year he had experimented with it, with the view of determining its local antiphlogistic power, and concluded that we have no remedy to compare with it when properly used. Toere is no more appropriate place to use than in chronic inflammation of the larynx. Carbolic acid in sufficient strength, duration and repetition will cure any such case. This treatment was suggested by an article

in the *American Journal of Medical Sciences*, entitled "Thorough Drainage in the Dressing of Wounds." The writer, in speaking of carbolic acid, suggested that the benefits derived from it were due more to its antiphlogistic than its antiseptic power. From experiments that I have made since, I am convinced that we have no therapeutic agent so powerfully antiphlogistic.

In acute and chronic laryngitis, in acute and chronic bronchitis, in croupal inflammation and in acute catarrhal inflammation. I have never used a remedy that gave me as much satisfaction as a 4 or 5 per cent. solution applied with a spray. As Dr. Ingalls justly remarks, all growths about the larynx originate from a chronic inflammation. Papillary tumors can be prevented or even cured by a strong carbolic acid spray, which is also a strong sedative and quickly relieves the cough.

DR. WHITMIRE of Metamora.—I wish to say a few words in regard to carbolic acid. In our section of the country, we have had a terrible amount of diphtheria. There was a greater mortality in our section than anywhere else, and we have used every means, at our command, to lessen it virulence. Yet, as a matter of experience, I wish to relate this fact, viz., that in *every case*, where croup was manifested in diphtheria, which was very apt to occur, I have found the carbolic acid, sprayed from a steam atomizer to be the *sine quâ non* of all medical treatment. True, I do not know anything else proposed that is better, but that spray used, when you find a pseudo-membrane about to invade the larynx, has been, in my experience, the best thing every thing ever used. I have saved three patients out of five without any operation; and speaking of an operation, I do not believe in it. While it may be right, there is no doctor who can get the consent of the parents to operate, when it ought to be done, and at the last moment it ought not to be performed. It degrades the profession to do it.

Periscope.

ARTICLE XXXVII.

EXCISION OF THE MAMMA FOR ECZEMA.—In cases of long standing, obstinate eczema of the breast, Mr. George Lawson, of London, recommends excision of the breast, as so many of these cases develop diffused cancer. He has performed this operation as a prophylactic measure. Other London surgeons hesitate to advocate this procedure, although, in a recent debate, Mr. Lister acknowledged that he had himself known cancerous growths to follow intractable eczema.—[*Med. and Surg. Reporter*

A CURIOUS CASE OF MALPRACTICE.—Dr. Caroline S. Pease of Troy, New York writes: "In June of the present year a patient presented herself at my office for examination, who gave the following history: Two years ago she was attended in her first labor by her family physician, a homœopath of good reputation. A laceration of the perineum was sustained, which was promptly operated on by the attendant. As the result of this, as he informed her a partial union took place, but a secondary operation would be necessary so soon as her strength permitted. The usual subjective symptoms followed—back-ache, fulness low in the pelvis, etc.—and her general health became greatly impaired. After her labor no attempt at resumption of the marital relations was made, and dread, both of the surgeon's knife, and of the exposure incident to the secondary perineal operation, led to its postponement until a friend induced her to place her case in my hands two years after the injury was sustained. Ocular inspection revealed a fairly good perineum, but a digital examination disclosed the fact that the anterior inferior portion of the cervix uteri had been included in the line of perineal union, and had firmly united with it. Two years unremitting traction had drawn out a circular cord (which incision subsequently showed to be tubular) of the imprisoned uterine tissues, about three-fourths of an inch in length by one third of an inch in diameter. This I afterward ligated and cut, at the patient's

house, and was then enabled to restore the long-suffering organ to something like its pristine position, and to retain it there by an Albert Smith pessary."—[*N. Y. Med. Record.*

THE TRANSPLANTATION OF BONE—At a late meeting of the Royal Society of Great Britain, Dr. MacEwen presented a paper on a case in which he had successfully transplanted bone. The patient was a child four years of age, who had lost two-thirds of the shaft of the humerus by necrosis fifteen months previously, and in whom no osseous repair had occurred. The limb was, of course, useless. Dr. MacEwen proceeded first to make a groove in the soft tissues in the position of the bone, relying for this on his anatomical knowledge, and then placed in this groove small fragments of wedges of bone removed from other patients for curved tibiæ. The result has been that a good new bone has been formed, the new portion has united firmly to the upper epiphysis and lower part of the original shaft, and the bone is only half an inch shorter than its fellow. Proper care was taken throughout to have the parts perfectly aseptic. Great interest attaches to this case, which is the first of the kind recorded.—[*Med. and Surg. Reporter.*

PERIODS OF INCUBATION OF THE COMMUNICABLE DISEASES.—Dr. B. W. Richardson gives a list of twenty-five communicable diseases which have a period of incubation. He adds a list of eleven diseases concerning which it cannot be said certainly that they have a period of incubation. These latter are: Catarrh, puerperal fever, hospital gangrene, sloughing phagedæna, remittent fever, intermittent fever, choleraic diarrhœa, cerebro-spinal fever, carbuncle.

The diseases attended with incubation are conveniently divided into five groups:

Shortest—Incubation one to four days: Malignant cholera, malignant pustule, plague, catarrh, dissection wound diseases.

Short—Incubation two to six days: Scarlet fever, rosalia idiopathica, diphtheria, dengue, erysipelas, yellow fever, pyæmia, influenza, pertussis, glanders, farcy, grease croup, puerperal fever.

Medium—Incubation five to eight days: Relapsing fever, gonorrhœa, vaccinia, inoculated variola.

Long—Incubation ten to fifteen days: Small-pox, varicella, measles, rötheln, typhus, typhoid, mumps, malarial fever.

Longest—Incubation forty days or more: Syphilis, hydrophobia.—[*Medical Record.*

REMOVAL OF THE KIDNEY FOR NEPHROLITHIASIS.—At the Charing-cross Hospital is a lad, aged fifteen, from whom Mr. Barwell removed a kidney on May 5th, and who is now convalescent. The boy had been under observation for about a year with pyelitis and retro-peritoneal abscess. An incision was made ten months ago with the effect of mitigating the symptoms. The wound had healed, leaving only a sinus. In April, by sounding through this passage, Mr. Barwell detected a stone. Yet although the lad was becoming very anemic, with irregular hectic temperature, no consent for operation could be obtained until the above date, when lumbar nephrectomy was performed. Two peculiarities rendered the removal unusually difficult—viz., the dense thick cicatricial tissue and the proximity of the rib to the ileum. Mr. Barwell cut through the tissue, and came upon the kidney with the stone impacted. An endeavor to extract that latter caused copious bleeding, hence the operator rapidly enucleated the gland and passed a ligature round the pedicle *en masse*. Since want of room forbade removing the kidney entire, it was divided and extracted in two parts. The operation was thus completed very quickly, and with scarcely any loss of blood. Since then the boy has been going on uninterruptedly well, his temperature becoming normal and regular, the wound being now nearly healed. This is, we believe, the second successful case of removal of the kidney for stone—[*London Lancet.*

PERCHLORIDE OF IRON IN THE DERMATOSES.—Casarini (*Lo Spallanzani*) has been experimenting with perchloride of iron in the dermatoses. He has employed it externally in the form of pomade, of one to three parts of the perchloride of iron to thirty parts of lard, and also in lotions composed of one part of the drug to two or three parts of water. He comes to the following conclusions respecting its use: First, that perchloride of iron is the most efficacious remedy in purpura hæmorrhagica and purpura simplex. Second, that it is very useful against the chloro-anæmic cachexia, which often accompanies such diseases of the skin as rupia, ecthyma and impetigo. Third, externally

it exercises a promptly favorable action on ulcers arising from scrofula and syphilis. Fourth, employed under the form of pomade it is an active and efficacious means of treatment of the squamous diseases of the skin, notably psoriasis. The use of this drug seems to be extending.—[*Chicago Med. Review.*

ANOMALOUS LIQUOR AMNII AND PARTIAL DECOMPOSITION OF THE PLACENTA.—The following interesting case is communicated by E. H. Hale, M. D., of Jonesboro, Texas:

I was called to attend to Mrs. W., age forty, the mother of six children, in her seventh confinement. I found a head presentation, the os uteri pretty well dilated, membranes not ruptured. Mrs. W. remarked to me that she hought the child dead as she had not felt any movement for three days. The membranes soon ruptured, and there was a gush of fluid so different to the feeling of my hand from the liquor amnii, that I withdrew my hand and found adhering to it a brown substance about the consistence of syrup, also small lumps of the same substance. The odor was so offensive that it was difficult to remain near. The labor terminated soon in the birth of a well developed male child weighing eight and a half pounds. I had but little trouble in establishing respiration.

I found the placenta in the vagina. The cord was unusually small and very long, not possessing strength enough to dislodge the placenta which I moved with my hand. There was altogether not less than a half gallon of the dark amniotic fluid escaped. The point of especial interest was the almost entire decomposition of the membranes of the cord and of the placenta itself. A thorough examination showed that a small portion of the center of the placenta, two inches in diameter was solid and somewhat natural, the balance having been broken down with the fingers. The child lived and the mother made a speedy recovery.—[*American Practitioner.*

A CASE OF TOTAL OBLITERATION OF THE OS UTERI IN A PREGNANT WOMAN—Hecker (*Beobachtungen u. Untersuchungen aus d. Gebäranstalt zu München*, 1859–79) recites the following case, which, so far as we know, has no analogy in the literature of obstetrics. The patient was a woman of 30 years, who had been pregnant three times, having had twins in one pregnancy and twice the forceps had to be used. She entered the lying-in

asylum upon the 25th of May, 1880, pains having begun two days previously and having increased in intensity up to the time of admission. External examination showed that the uterus was in a condition of tetanic contraction. Internally the vault of the vagina, pressed down by the fœtal head, could be felt, but nowhere any indication of an os uteri. Everywhere the finger encountered a membrane, here and there arranged in transverse folds, which, toward the right side, could be separated slightly from the underlying tissue, so that it seemed to enter a cul-de-sac. The contractions of the uterus becoming more violent, so that a spontaneous rupture of the organ was expected, this membrane became smooth and the sutures of the head could be felt through it. On account of the resistence and thickness of the membrane, the idea of a spontaneous termination of parturition was despaired of and all preparations were made for removing the obstacle with the knife. Before doing this, however, the attempt was made to perforate the membrane with the finger, while it was distended during a pain; this was, accomplished, a slit was made, the opening made larger and the membrane now protruded. In ten minutes a healthy male child, weighing 2.400 grammes, was born. During the operation a small quantity of blood was lost.

Up to the fourth day of puerperium everything went on in a normal way. Suddenly she complained of headache, chill, fever; temperature being 38·6°C (101½° F.) and the pulse 120. These symptoms disappeared and she was preparing to leave the hospital, when, on the first of June, she was attacked with a chill that lasted half an hour, which left her in a comatose condition, from which she never awakened. The temperature was nearly 104° F., her pupils contracted, without any reaction; the extremities pale and as if paralyzed, the lips livid, the face pale and covered with cold sweat; breathing was irregular, deep inspirations alternating with superficial ones, sometimes stopping altogether. On the eighth day after birth she died. The post-mortem examination revealed as follows: The thoracic organs healthy, no signs of peritonitis, the liver slightly fatty; the spleen very soft, brownish red and the capsule slightly distended; the right kidney was very pale, the surface granular and its tissue softened; the left kidney had proceeded further in the process. The uterus was fifteen cm. long and presented at the insertion of the placenta a yellowish, fetid deposit, parts of

which could be easily detached, showing a highly congested mucous membrane. The external os was continuous with the vagina, its edges were grown together with the mucous membrane of the vagina.

Two rabbits that were inoculated with the secretion taken from the insertion of the placenta promptly died of septicæmia.

Hecker states emphatically that the peculiar change in the os was not due either to agglutination or to a cicatricial closure. He proposes as explanation that early in pregnancy an inflammatory, exudative process caused the mucous membrane of the vagina to grow over the os uteri so that the parenchyma of the latter became imbedded in the former.

The cause of death was acute septicæmia, hastened undoubtedly by the granular degeneration of both kidneys.—[*Lancet and Clinic.*

SOME OF THE CONDITIONS AFFECTING THE ORIGIN AND COURSE OF PULMONARY PHTHISIS.—Dr. Beverley Robinson, Lecturer upon Clinical Medicine in Bellevue Hospital Medical College, in an article in the *American Journal of Medical Sciences* for July, 1881, calls attention to three prominent conditions of great present interest in connection with pulmonary phthisis :—

(1) Inflammation of the respiratory organs as they effect the origin and course of pulmonary phthisis.

(2) Syphilis in its relations to the origin and course of pulmonary phthisis.

(3) Contagion and inoculation.

The influence of laryngitis and bronchitis as predisposing and exciting causes of pulmonary phthisis is fully recognized by Dr. Robinson, whose personal experience forces him to the belief that bronchitis, and especially laryngo-bronchitis, is an efficient agent in causing broncho-pneumonia with cheesy nodules and pneumonic phthisis. On the other hand, lobar pneumonia, where the pulmonary parenchyma is involved in a previously healthy individual, rarely acts as a cause of phthisis, but where the patient is phthisical already the complication hastens the course of the disease. Pleurisy also is a modifying agent of great importance as regards the origin and course of pulmonary phthisis,

Syphilis does not cause tuberculosis, but syphilitic deposit of

the lung is sometimes indistinguishable by physical signs from tuberculosis; in such cases other symptoms suggest the anti-syphilitic regimen, and treatment becomes the touchstone of diagnosis.

Dr. Robinson expresses his belief in the communicability of phthisis by infection, contagion, or inoculation.

MENIERE'S DISEASE.—Dr. Edward Menière has just published a memoir on the disease described by his father in 1861. Menière's disease is constituted by three principal symptoms: 1. The noises or whistings which precede the crisis; 2. The vertigo, accompanied by nausea and vomiting; 3. Deafness, as a rule incurable. The writer of the memoir details at length the treatment of this disease (*La France Méd.*, p. 239), in which he follows the method proposed by Professor Charcot. The patients take after their meals pills composed of 10 centigrammes of sulphate of quinine and 10 centigrammes of fluid extract of cinchona. He thus commences with 30 centigrammes of suphate of quinine, and goes progressively up to 70 and 80 centigrammes, and even 1 gramme; then he enjoins absolute abstention from it during a fortnight, three weeks, or even a month, but recommences during the first period of a month, giving 40 centigrammes at first setting off. The effect of the quinine is to diminish and cause the vertigo to disappear, and, on the other hand to modify the deafness. M. Menière does not pretend to formulate a curative treatment of a disease against which all the resources of therapeutics have hitherto been unavailing, but quinine has, at least, the advantage of calming the most troublesome symptoms.—[*London Medical Record.*

SEA-AIR AND INFANTILE DIARRHŒA.—The Sea Shore Home has just issued its annual report for 1880. Dr. Edward T. Williams, the physician in charge of the home for several years, thus sums up his experience:

"1. Sea air is *not* an infallible cure for infantile diarrhœa. Some cases will die under the best management.

"2. The vast majority of cases get well, if removed early and properly fed and cared for.

"3. After decided collapse and head-symptoms come on, death is the rule, recovery the fortunate exception.

"4. Bronchial and pulmonary complications are usually aggravated by the cold air.

"5. Not a few cases are made worse by exposure in stormy weather, and the cold nights of the last of August and September; at these times, both fires and extra clothing are needed, and some take cold in spite of them. Indeed it has seemed to me that the autumnal diarrhœas are chiefly caused by cold, and are unsuited for the sea-side."—[*Med. Record.*

THERAPEUTICAL EFFECTS OF OXYGEN.—M. E. Hagen, in a report to the Academy of Sciences, gives some facts regarding the physiological and therapeutical effects of oxygen. It is taken in doses of twenty to fifty liters twice a day, mixed with a very small amount of air. It augments the appetite, slightly elevates the temperature, accelerates the circulation, temporarily increases the red corpuscles and the hæmoglobin of the blood, and likewise the weight of the body. It stimulates the nutritive movement of the tissues, and increases thereby the excretion of urea. In *chlorosis* it is a useful adjunct to iron. It acts much in the same way that hydrotherapy does. In *vomiting* it is especially valuable. After one or two inhalations, vomiting will generally stop permanently, if it be not due to organic diseases. Vomiting is relieved by oxygen when due to painful dyspepsia, dyspepsia with dilatation, and uræmia.—[*Boston Jour. Chem.*

TREATMENT OF THE DIARRHŒA OF PHTHISIS.—In the *Lancet*, June 18th, Dr. C. Theodore Williams says, speaking of the peculiar diarrhœa of phthisis that, arising from ulceration, it requires very careful attention. The great point to be kept in view is the healing of the ulcers, and this can only be attained by shielding them from all irritable substances, and by promoting a healthy granulating action. The treatment, in fact, resolves itself into three sets of measures.

1st. Rest in bed and the administration of only such food as can be quickly and easily assimilated without causing much distention of the intestine, or accumulation of flatus. Such are chicken broth, beef and veal tea, milk gruel, blanc mange, always combined with liquor pancreaticus, and prepared after

the admirable methods of Dr. William Roberts of Manchester. Dr. Jagielski recommends koumiss especially in these cases.

2d. Warm applications to the abdomen, in the form of linseed poultices, turpentine stupes, or hot water fomentations, to reduce the pain and promote a certain degree of derivation to the skin. If the pain be severe, I have found the application of a small blister over the area of tenderness on pressure, as recommended by Dr. J. E. Pollock, very advantageous. I have noticed, in some obstinate cases, that when the blister has risen, the diarrhœa has been considered reduced, and pain existing in the abdomen at the same time has subsided.
phate of potash. When, however, the disease has so far advanced as to reach the intestine, it may be considered beyond any effective general treatment. We must be content to restrain diarrhœa if we can, by astringents, the more powerful the better. Tannic acid in from two to four grain doses, with dilute sulphuric acid, sulphate of copper or sulphate of zinc are the most useful, and injections of these substances do some good. —[*Med. and Surg. Rep.*

APHORISMS IN DOUBTFUL CASES OF PREGNANCY.—Dr. Robert Battey, at the late meeting of the American Medical Association, enunciated the following rules as a guide to diagnosis in abdominal enlargements in females:

1. Always consider a married woman pregnant, if living with her husband, until *proved* otherwise.

2. Always consider an unmarried woman innocent until *proved* guilty.

3. Always believe a woman married, of the highest character living with a husband of equally high character, both solemnly assuring the medical man that no intercourse has taken place for two years, as she has been bed-ridden for that length of time, may bring forth a dead fœtus.

4. Always believe a young unmarried woman, with abdominal tumor, of high social position and unimpeachable virtue, if she has been watched over by a platonic abstemious young cousin of the male persuasion, while the mother went out, to be pregnant.—[*Michigan Med. News.*

VARICOSITIES IN PREGNANCY.—Budin (*Annales de Gynécologie*, April, 1881,) has recently examined the varicosities of pregnancy. The varicosities most frequently found by him are of the leg. He claims that the symptoms of deep and superficial varicosities are quite distinct. The deep varicosities occasion nothing abnormal in the appearance of the affected leg, except an increase in size. The symptoms are severe pain in the calf, popliteal space, and plantar surface, and increased perspiration of the affected region. If symptoms such as these are relieved by rest, they are due to a varicose condition of the deep veins. The varicosities vary much in their appearance. Occasionally they are only troublesome after several pregnancies and then not till the last month of gestation, in some cases they occur during the first three or four weeks, and in one instance their appearance regularly indicated the beginning of pregnancy. Varicosities of some kind occur in about twenty to thirty per cent., of all cases of pregnancy.—[*Chicago Med. Review.*

MANAGEMENT OF CHLOROFORM NARCOSIS.—A Paris correspondent of an English contemporary relates the following incident:—

I was invited by Dr. Labbé to assist in a case of ovariotomy at a private hospital. The patient was given chloroform. When the anæsthesia was complete, the surgeon made his incision in the linea alba, through the skin and circular tissue. Suddenly the respiration stopped, and the heart ceased to beat, as clearly shown by the cessation of bleeding and the bloodless appearance of the lips of the wound. The mouth was cleansed from mucus, the tongue drawn forward, the patient's head thrown well back, and artificial respiration practiced for ten minutes, but without result. The case appeared desperate, when Dr. Labbé put a large cloth in boiling water and applied it to the cardiac region. Instantly the heart commenced to beat and the patient to respire. She was saved. The operation was not terminated. The cloth which had been applied was of such a heat that a large blister was raised at the seat of its application.—[*Med. and Surg. Reporter.*

SURGICAL IMPORTANCE OF THE SUBCUTANEOUS VEINS OF THE ABDOMINAL WALL IN MAN.—In consequence of the deficiency of our knowledge as to the relations of the veins of the abdominal

wall, and especially of their valves, Dr. Fenwick (London) injected these veins from the arteries with Berlin blue, in the case of a man who had died from hemorrhage. The following were the most important results. The long venous trunks which run subcutaneously at the sides of the abdominal wall, have a neutral middle portion, without valves; while both terminal portions are provided with numerous valves arranged in opposite directions. Hence these cannot act as collateral channels for the femoral vein and vena cava; in cases of obliterations of the vena cava, this function is rather performed by the azygos vein. The neutral middle portion receives blood from the deepest parts of the abdominal wall. The intercostal veins between the mammary and azygos veins are also provided at their terminal parts with valves arranged in contrary directions. The veins in the round ligament are the collateral vessels to the portal vein. The author referred to two cases of extensive distension of the abdominal veins shown at Leipzig, which, according to the preceding observations, did not necessarily indicate obliteration of the vena cava or of the portal vein.—[*London Medical Record.*

CANTHARIDES POISONING.—Mr. Clark treats almost every case of gonorrhœa during its primary symptoms—e. g. scalding chordee, etc.—with thick discharge, by saline medicines with tepid-water injections. When the discharge becomes thinner and all active inflammation has abated, iron and cantharides are prescribed internally in the form of tincture of the perchloride of iron and tincture of cantharides, of each five minims three times a day, and an injection of sulphate of zinc of the strength of two grains to the ounce. In the first case of poisoning the patient had been taking the cantharides mixture for five days, at the end of which time he was virtually cured. A week after the discontinuance of the medicine he was attacked with violent pain over the bladder, and this was accompanied upon the following day with strangury. The symptoms, which at first were very severe, passed off at the end of about four days under the use of nitric acid and hyoscyamus internally and hot baths upon the recurrence of the strangury. In the second case the patient after taking two doses only of the cantharides mixture had some of the symptoms of poisoning, viz., frequent desire to pass urine, burning pain during micturition, which was very difficult

and was always accompanied toward the end of the process by a few drops of blood. Half the dose was then ordered but the directions were not followed, the full dose being continued, yet the symptoms rapidly abated. In each case every trace of gonorrhœa was removed, and as soon as the active symptoms produced by the cantharides had passed off the patient felt as well as ever, and had not the slightest discomfort in the urinary organs. The delay of the symptoms in the first case may probably be explained by the supposition that the drug became stored up in the kidneys, and that after a short time its cumulative action gives rise to the symptoms of poisoning.—[*London Lancet.*

CADAVERIC ALKALOIDS.—MM. Brouardel and Boutmy have communicated to the Academie des Sciences some further observations on the alkaloids developed in the animal body during decomposition—alkaloids which M. Selmi has termed *ptomaines*. According to Bouley and Lussana these substances may be developed not only after death but during life. It is still uncertain whether they are formed by simple chemical action or by the influence of minute organisms. The latter appear concurrently, but they may possibly be merely an indication that these alkaloids furnish a favorable soil for the development of this or that organism. The special object of M. Brouardel's researches was the discovery of means by which these substances may be distinguished from vegetable alkaloids. It is probable that the two have been sometimes confounded, that this confusion has led to grave errors in medico-legal investigations. It was so in a recent case in Italy, where an expert believed that he had discovered, in the body of a deceased General, evidence of delphinine; the reactions supposed to be proof of it were, however, certainly due to one of these cadaveric alkaloids. The most effective method of distinguishing between the vegetable and the animal alkaloids is by making a complete examination of the chemical and physiological properties of the suspected substance; and if any one of these proper to a vegetable alkaloids is absent, it is probable that the substance is not this alka loid, but a ptomaine which resembles it. This method is, however, tedious and difficult, and is only practicable when a considerable quantity of the suspected material is available. A more convenient method of distinguishing them is by the em-

ployment of ferricyanide of potassium. The substance is unaffected by the pure organic bases of the laboratory, or those extracted from the body of a person who is known to have been poisoned. The cadaveric alkaloids, however, instantly transform it into ferricyanide, and it becomes capable of forming prussian blue with salts of iron. The iodomercurate of potash gives similar reactions with both classes of substances, but the ferricyanide enables them to be distinguished. A few drops of a solution of the sulphate of the alkaloid are added to a solution of some of the salt in a watch-glass, and then a drop of a neutral solution of iron determines the formation of prussian blue if the base is a ptomaine, and not if it is a vegetable alkaloid. Unfortunately there are two important exceptions to this test: morphia produces a similar effect; and so also does veratrine, but in a much less degree.—[*Lancet.*

THE CURE OF DIPSOMANIA.—The eminent hygienist, Dr. Alfred Carpenter, is confident that even hereditary dipsomania is a curable disease. He said, in a recent address, its cure depended upon two conditions, the personal habits of the patient himself, and his hereditary tendencies. In the case of those where the habit was aquired, the cure would be comparatively rapid, and provided means were taken to instill proper principles as to the knowledge of the chemical action of alcohol, there ought to be no relapse when the patient came out of the home where he ought to be attended; but in hereditary cases the result might be very different. It took a lifetime to change these conditions, and yet they knew that practice would be made perfect, and that the hereditary nervous man might, by proper education, get rid of his nervousness. There was the work of the home to inculcate such maxims, and bring the patient along a course of self-control, under proper teaching, as might eliminate even hereditary tendencies, and restore the man to his original purity and mental power. He believed they could do this. To doubt it was to doubt the power of their noble profession in its first lines of work, and to lose sight of the fact that the work of the medical profession was more often hygienic and educational than one connected with the mere administration of drugs, and providing antidotes of diseases.—[*Med. and Surg. Reporter.*

ANÆSTHESIA IN THE FOURTEENTH CENTURY.—That something

like anæsthesia was known to the medical profession of the fourteenth century is shown by the following from Bocaccio (Decameron, Fourth Day, Novel Ten) which has perhaps been cited before, but will bear repetition. "The physician had a patient who had a bad leg which was due to a decayed bone. Now the doctor supposing that the patient would never be able to bear the pain, ordered a certain water to be distilled that would throw a person to sleep as long as he judged it to be necessary." If this embryo of successful anæsthesia had not been lost sight of for the succeeding five centuries what an immense amount of suffering might have been saved humanity.—[*Chicago Med. Review.*

DEAFNESS AS THE RESULT OF THE POISON OF SYPHILIS.—In a communication on the above subject to the *Medical and Surgical Reporter*, Dr. Lawrence Turnbull comes to the following conclusions:—

First. That syphilitic diseases of the ear are less numerons in the United States than in Great Britain, or Europe, and that it is not so frequently a cause of deaf muteism. Yet there are cases of this affection.

Second. In almost all constitutional syphilitic disease of the ear in children and young persons it is associated with some affection of the eyes, throat and nose. The deafness which often follows the improvement in the eyes is sometimes profound.

Third. Persons who have suffered from constitutional syphilis, especially young persons and children, have great impairment of the hearing tones through the bones of the head.

Fourth. In a few cases the first indication of syphilitic diseased ear is a primary ulcer in the throat, naso-pharyngeal space, or in the auditory canal, or near the membrana tympani.

Fifth. Purulent otitis media, or otitis media sereso syphilitica, may occur in utero, or very young infants, while in young persons and adults we may have congestion of the tympanic mucous membrane from the same cause, anchylosis of the bones of the ear, with bands of adhesion in the middle ear, by extension from the throat to the Eustachian tubes.

Sixth. Syphilitic disease may affect the most vital part of the inernal ear, labyrinth, semi-circular canals and cochlea, with

marked thickening and dryness of the membranes of the round and oval windows and vessels which supply the internal ear. There is also disease of syphilitic nature in the auditory nerve, also the brain itself, in the formation of disseminated small nodules within the nerve centres.

ADMINISTRATION OF TANNIN.—According to a recent article by Dr. Lewin in Virchow's *Archiv* it should be born in mind that when tannin enters the stomach it forms with albumen precipitates, which require for their solution an excess of albumen, of lactic, or of hydrochloric acid. If the albuminate be not soon dissolved, especially if the tannin has been given in the form of powder, the solid particles are likely to adhere to the gastric walls, and produce extensive irritation of the mucous membrane. To avoid this the tannin should be given either as a solution of albuminate of tannin or as alkaline tanate, and not in the form of a powder. A solution of albuminate of tannin is readily prepared by adding a solution of albumen to a solution of tannin till the precipitate at first formed is redissolved in the excess of albumen. This, if made alkaline by the addition of soda carbonate, is still more readily absorbed.—[*Boston Med. and Surg. Journal.*

LEPROSY COMMUNICATED BY VACCINATION.—Small-pox at Honolulu is said to be decreasing. During the four months ending June 4th, there were seven hundred and sixty-four cases, of which thirty-six per cent. ended fatally. The Board of Health enforced a strict quarantine, and thus prevented the infection from spreading to the other islands. Unfortunately bovine virus was scarce, and hence vaccination could not be uniformly enforced, the Board having forbidden the use of human virus, through fear of communicating other diseases. On this point the opinion of Mr. Carter, president of the Board, is significant and, indeed, startling, if he has an adequate basis for his conclusions. It is his belief that of nearly eight hundred lepers sent to the leper settlement subsequent to the last small-pox epidemic, probably six hundred became thus diseased through vaccination with human virus. During the prevalence of the scourge, which has just subsided, strong complaints were made that the Chinese concealed cases of the disease until they became hopeless, and then turned them over to the Board of Health in order

to escape the cost of burial and any unpleasant complications which might otherwise have arisen from the discovery of a corpse.—[*Med. Record.*

PROPOSITIONS ABOUT VENESECTION.—The propriety of venesection as a therapeutic measure is securing renewed attention in England, as well as in this country. Among recent articles, we note one by Mr. T. M. Dolan, F. R. C. S., in the *Med. Press and Circular*, May 18th. He sums up his conclusions in the following propositions:—

1. Venesection has no direct influence over inflammation, external or internal.

2. Venesection is useless, in the case of all external inflammations.

3. Venesection is of use in those inflammations, where the cardiac and respiratory functions are interfered with.

4. Local bleeding in external inflammations is most useful; its effect is patent.

5. Local bleeding in internal inflammations, where there is a direct capillary circulation between the skin and inflamed part is of manifest service.

6. The benefit of local bleeding, when there are not such conditions, is neither clear nor positively ascertained.

These propositions express fairly well the true position of venesection in therapeutics, although, of course, they are all subject to exceptions in particular cases.

Mr. Dolan quotes, with approval, the following words of Dr. Markham, on the subject of general bleeding:—

"Is it credible that a remedy which, through evil report, and through good report, has steadily held its own in the catalogue of curative agencies, from the days of Hippocrates to our own, can all at once have ceased to be of service to humanity? Must we believe that all the great minds who, through the long ages of past medicine, have resorted to this remedy, have been using it under a delusion? Surely, the very fact of the antiquity of the remedey, its universality, and its persistence during all times as a curative measure, is strong *à priori* evidence of its possessing value and excellence as such."—[*Mich. Medical News.*

SKIN-GRAFTING WITH GRAFTS TAKEN FROM THE DEAD SUB-

JECT.—John H. Girdner, M. D., of New York, says, in the *Medical Record*, July 30, 1881, that Charles Joice, aged ten years, who lives in Morrisania, the latter part of June, 1880, while sitting on a door on which there was a steel hinge, was struck by lightning, and became comatose, in which condition he remained for several hours. He was brought to Bellevue Hospital and placed under my charge. When his clothes were removed the skin came off his left arm and scapula, leaving a large, raw surface. This surface was treated by different means for some weeks, until a healthy granulating surface was obtained all over the affected part.

About this time, a healthy young German, who had attempted suicide by cutting his throat, was brought to the hospital, and died within a few hours. Six hours after his death, I went to the dead-house and removed a portion of skin from the inner side of the thigh, where there was least hair, and the skin most delicate. Having cut this piece of skin into a great many small pieces, I applied them and dressed the surface after my own method, which is to apply first, next to the grafted surface, a piece of the green protective used in Lister's dressing; over this I strap the ulcer with ordinary rubber or adhesive plaster, and over the whole throw a roller loosely. The object of the green protective is to prevent the grafts from adhering to the plaster and from being torn off when the dressing is removed. The strapping is simply to make pressure, which must be firm and evenly applied.

After the dressings had remained on for four days, they were removed, and after some little discharge had been washed off, I had the patient photographed. About one-fourth of the grafts had failed to take, and were washed off when the wound was cleansed. The remainder have attached themselves to the ulcer, and the lower and central portions of the ulcer on the arm are already covered with a thin, delicate skin, as a result of the fusing together of the little islands of skin, each graft serving as a point of departure for the formation of these islands. As in other and similiar cases, cicatrization would have doubtless gone on to complete cure in a short time, but for an attack of erysipelatous inflammation, resulting from the low condition of the boy's general health, and his exposure to other causes of that disease, which destroyed a large portion of the newly formed skin, requiring subsequent graftings, but finally resulted in

a cure, with much less of contracting cicatricial tissue than is commonly witnessed after recovery from such extensive burns.

Skin and mucous membrane removed from the living in surgical operations have been often used for grafts. But I wish to state here my claim, that the idea of removing skin from the cadaver and grafting it on to the living subject is original with me, and that I was the first to perform this operation, which has since been done many times successfully by other gentlemen. It seems to me that any one who has witnessed, as I have done repeatedly, skin taken from the dead body several hours after death return to life, adhere to a granulating surface, and with surprising rapidity send out prolongations of delicate skin in all directions, covering the surface with a new skin comparatively free from contraction, must agree with me that skin-grafting is in its infancy; and that when men of ability have given it more attention, and found out the possibilities of the proceeding, we may expect to see frightfully contracting cicatrices which follow burns and nævi removed by excision, and their places filled with a skin almost as perfect as the surrounding, and which has been removed from the dead or living body of another person.

A CASE OF COMPLETE RUPTURE OF THE PERINEUM WHICH UNITED SPONTANEOUSLY.—Dr. J. H. Radford writes as follows, concerning a case of this character:

The case is as follows:—Mrs. B———, aged 35, primipara, with a small pelvis.

On the 18th May, I was summoned to attend her as she was about to be confined. On my arrival I found her having pretty severe pains which were coming on very regularly. I made an examination per vaginam and found a thin, soft, dilatable os, about the size of a crown piece. In the course of an hour I made another examination and found the os dilated to its full size, after which the pains began to diminish and continued to do so for about an hour. I then gave her an enema and a dose of ergot which did not have much influence over the uterus, so I gave another ʒss dose, which had a decided effect.

Pains came on and in spite of all my efforts to prevent rupture, by smearing with olive oil, dilating with fingers, supporting the perineum, and shoving up the head, it was torn through the sphincter ani. Case lasted ten hours.

Treatment—After washing the part thoroughly I put in two silver wire sutures and tied the knees together, placed her on her side in which position she was kept. I kept the bowels confined for ten days by morphia. Drew off water for the first week twice a day, after that she made it while lying on her abdomen. The vagina was washed out twice a day with a carbolic solution.

On the tenth day I gave her an enema and broke up the fæces with a pair of forceps. She then got an enema for the five following days. About the 13th day I removed the sutures and found good union. Have examined her twice since last time, about four weeks after the rupture took place. Diet consisted of beef-tea, chicken broth, and milk. No solid food whatever. —[*Canadian Journal of Med. Science.*

THE FLUORIDES IN MEDICINE.—Dr. J. M. Da Costa (*Archives of Medicine*) has been making some experiments with the salts of fluorine. Fluoride of potassium, of sodium, and ferrous fluoride were the preparations chiefly tested. The fluoride of potassium was best borne and more used. This was given in doses of two or three grains. It was first given in a case of subacute rheumatism with considerable pain. The pain was considerably relieved without producing drowsiness. Gastric disturbance soon set in, however, and the drug had to be stopped. In other cases of rheumatism like effects were produced.

Reviewing the experiments, Dr. Da Costa says that the fluorides, especially the fluoride of potassium, in large doses are prompt emetics without depressing. They seem to relieve pain without producing sedation or sleep. They cannot be given long without producing gastric trouble. Their most singular effect, which is manifest especially with the iron salts, is the anorexia that is produced even by small doses. It is suggested that they may be of use in bulimia, or to counteract the craving for drink. On the whole, however, it seems unlikely that their therapeutic usefulness will be great.—[*Med. Record.*

PSYCHICAL IMPOTENCE.—The only case of psychical impotence that I have ever met with is the following: A widower, 52 years of age, was engaged to be married, and despite the fact that he had erections in the presence of the object of his affections, he was so fearful that he would disgrace himself on the

night of his wedding, that he made the experiment with another woman and failed utterly. As a consequence of this unfortunate test, he constantly brooded over his imaginary trouble, for which he sought my opinion. I found that his genital organs and prostatic urethra were perfectly normal, and succeeded in obtaining his confidence by assuring him that I had met with many cases of a similar nature, and that they had always yielded readily to teaspoonful doses of fl. ext. damiana, taken every eight hours, for three days before marriage. As a result of this ruse, he subsequently wrote me that the remedy acted like a charm.—S. W. GROSS, Disorders of the Male Sexual Organs, p. 62.

DIPHTHERIA AND FILTH.—Dr. John Morris reported the occurrence of six cases of diphtheria in one house. Five were attacked on the same day, the sixth four days afterward. All presented a serious aspect from the beginning, and three died on the fourth and fifth days of paralysis of the heart due to the violence of the poison. The other three are likely to recover. The circumstances suggesting a local cause, an examination was made by the Health Department by direction of Dr. Steuart, Health Commissioner, which revealed a shocking sanitary condition of the premises. The yard was small, the privy being but twelve feet from the hydrant. The contents of the privy were running over into the yard and alley-way. The family cooked and lived in the basement; upon taking up the board floor of this, the ground was found covered with fæcal matter. The cellar was stored with old lumber, much of which was rotten and decaying—the remains, evidently, of some old building intended for use as fuel. A goat was tied near the back door, and there was a large pigeon house, containing twenty to thirty pigeons, and in a filthy condition, just over the door. The family were dirty and offensive-looking, and the odor on entering the house was horrible. A child who subsequently played with the goat, died of diphtheria. The yellow-fever epidemic in Norfolk in 1855 originated from rotten shingles.—[*Maryland Med. Journal.*

Correspondence.

ARTICLE XXXVIII.

EUROPEAN CORRESPONDENCE.

As announced in our last issue Dr. Rumbold, the Editor of the JOURNAL left the city to attend the meetings of the International Medical Congress, held in London, and of the British Medical Association in the Island of Wight, he being a delegate for the St. Louis Medical Society to both meetings.

Since his departure we have received the following letters which may not be uninteresting to the majority of our readers.

Liverpool, England, July 19 1881.

DEAR JOURNAL.—After a very pleasant voyage of ten days on the Steam-Ship Egypt I landed in this city of ships. I remained here only long enough to visit the two largest hospitals. As it was my luck to miss the visiting surgeons, I saw the resident physician alone. I saw nothing that was of special interest. Neither have a throat department nor has Liverpool any throat specialist of note. The reason of this is that the profession is down on specialists of any kind, but especially on those connected with the respiratory organs. When in answer to a question as to whether I had paid any special attention to the throat I answered no, the young ward doctor (the most of them part their hair in the middle) appeared much pleased, but when I added that the diseases of the nasal passages were of far greater importance than those of the throat, his countenance, at once, assumed a smile of contempt, and, with a slight toss of the head, he said that "it was to be greatly feared that specialists were driving things far too far." My remark was that "I presumed that every medical student, in this country before he receives his degree, has made careful dissections through the nasal cavities, so that he could examine every sinus, and also through the Eustachian tube, middle ear and mastoid cells." His answer was that "Oh, that's a nasty part of the head, we can learn enough of this in the books." (!) His contempt, his conceit, and

his ignorance were equal. I asked him as to the mode of applications to the throat, and what was applied; the answer was "the brush is probably the best thing, and as to our remedies, they are as numerous as the articles in the materia medica; nitrate of silver stands deservedly at the head." Question. What do you think of Pinus Canadensis as an astringent? Answer. Oh, we used to use that in our gynæcological cases but we have given it up. What of carbolic acid? Oh, that's a very good thing. What is the strength of your solution? About 5 per cent. Do you not find that this strength causes an anæsthetic effect, followed by increased congestion? Oh no sir; by the way, I don't know, it may be, what is your experience? I answered that I have seen such effects follow. He then took me through the whole hospital. As I have said, I saw nothing that was striking except the universal clumseyness of their splints for fractures of all kinds.

London, England, July 28 1881.

DEAR JOURNAL.—Nearly every person that comes to this country from America visits and kisses the Blarney Stone. This I have not done. This you can see from my reports. London is *the* City in which the American physician can see more hospital practice than he can see in all other English speaking cities combined. He can see more good and more bad practice than he can in New York, Philadelphia, St. Louis or Boston. He can see more men of high renown make brillant operations and bungling mistakes than in any of the above cities. I saw the younger Golden Bird make an operation for gastrostomy, on account of stricture of the œsophagus. He divided the abdominal wall down to the peritoneum, under the carbolic acid spray; when the blood had ceased to flow, he took up this membrane on a grooved director and opened the abdominal cavity. This let the air and spray into the patient's scafoid-shaped belly. The next job was to find the stomach, which was very much collapsed; by passing his finger well under the ribs, he got hold of it. He then passed two ligatures, about one inch apart, through the fold that was drawn up into the wound made through the abdomenal wall. This was to hold the stomach while he stitched it to both edges of the wound. He did not open the stomach, this will be done in from three to five days. He then trephined the

left mastoid cell of a girl about 12 years old, who had excessive pain in the ear. I noticed that she had a very free otorrhœa, with no redness over the mastoid process, nor was there any appearance that indicated, to me, that there was excessive inflammation inside of the mastoid cell. In fact I learned from the ward attendents that there was nothing but a severe ear ache. Dr. Golden Bird made the usual cross incision over the process, raised the periostium with the end of the scalpel, and then applied the trephine. After cutting apparently about ¼ inch, he tried to take out the circular piece with a gouge excavator, but failed to start it. He then took the trephine again and cut still farther inward; on the withdrawal of the trephine, a stream of blood spirted out of the wound fully as large as my lead pencil. There was an old physician standing by my side, who involuntarily made a step backward and exclaimed quite audibly "Ah, Ah, the lateral sinus is opened, what a pity." I will report the result of this operation in the next JOURNAL. Dr. Golden Bird said that it might be from the enlarged veins in the cells, but that it might be the lateral sinus; if so, the case would in all probability die. I am very certain that it will pay American physicians to come over here and see mistakes made, but to see them too often makes one too reckless, which is closly allied to barbarism.

The Royal Ophthalmic Hospital is one of the largest institutions of the kind in the world treating many thousands of cases annually. The surgical operators are many but among the best may be mentioned Drs. Lawson, Adams and Couper. Refraction of the eye is being assiduously studied. A little work, by A. Stanford Merton, M. B. F. R. C. S., Senior assistant to the Royal South London Hospital as well as clinical assistant at this better known perhaps by the name Moorfields Hospital has been published this year which treats of refraction, its diagnosis etc., with a chapter on Keratoscopy, and is of great use to the beginner.

It would be difficult to enumerate the number of eye balls enucleated here annually. Very many cases require it in old diseased eyes in which ossification of the globe or otherwise its presence becomes as intolerable as a decayed, aching tooth and patients are anxious for their removal. It has been charged as reported by a London Surgeon that the good eye instead of the bad one has been removed somewhere here in London but with what truth we cannot tell. Iridectomy as a preliminary opera

tion to extraction of lens in cataract is being favored as the latter operation becomes simplified and is attended with less bad results to the eyes operated on. The iridectomy may precede the extraction three to five months, but should not be longer.

Perhaps one of the best ovariotomists among the younger may be mentioned Dr. Knowsley Thornton who usually operates once or twice a week at the Samaritan. A Gynæcologist of considerable experience a few days ago proposed to do ovariotomy but after opening the abdomen he found the tumor to be uterine, when he declined to proceed further and closed up the opening at once.

Another prominent gentleman found a tumor in the upper portion of the vagina displacing the uterus somewhat, but it was found by a more careful diagnostician that the woman had pelvic cellulitis.

Emmet's operation for lacerated cervix is being done by a few London gynæcologists.

One distinguished gentleman remarked to me that the lesion was not formerly recognized but that it is now, and gave Emmet the credit for bringing it before the medical reader, as frequently existing where the diagnosis usually was abrasion of the os, when in reality there was laceration on each side with eversion of the lips of the os uteri.

There is a wonderful rush, emanating from a spirit of emulation, or rivalry frequently not unmingled with bitter envy and jealousy, evidently existing among many of the London medical fraternity. A fibrocystic tumor of the uterus was first aspirated by Dr. Thornton and a large quantity of fluid drawn off. In a few days there was reaccumulation of fluid in the cyst for the treatment of which he premised abdominal section. After making a short incision in the linea alba he thrust into the cyst a large clamp canula as is usually practiced for emptying ovarian cysts, and then bringing out through the opening in the abdomen the tumor attached to which close to the tumor was an ovary or either the uterine fibroid having invaded and occupied the broad ligaments. He remarked that the wisest thing he could do would be to remove the ovaries which, before completing the operation, he did. He enlarged the opening in the cyst made by the introduction of the canula and after securing the largest vessels around the margin of the

opening he used the actual cautery and perchloride of iron until the hemorrhage was stopped. The vessels leading to the ovaries being secured, he cut them off, and after scooping out the blood coagulated by the iron, the tumor was sponged off and returned into the abdomen, and the wound carefully stitched and dressed *à la Lister*. Dr. Thornton usually operates under the spray but many of the surgeons here do not.

I may remarked here that I saw it neglected once where for the benefit of us all that were in the theatre I thought it should have been used. It was when immediately after amputating a mortified leg, which was allowed to remain some time after the patient had been returned to his bed in the ward, giving it time to fill the entire room with its filthy and contaminating effluvia that a woman was brought out and a tumor removed from the mamma without the spray. I believe they used carbolized water, but it is quite clear that disinfection of the air about the wound was not effected, to say nothing of the foul air the patient and all the rest were constantly breathing. And all this occurred in one of the old Hospitals in the city of London.

As an instance of heroic sugery at the same hospital I may direct the reader's attention to an operation of ovariotomy performed there. The abdomen was ripped from pubis to sternum and what appeared to me to be ovarian or ovario-uterine or uterine fibroid by a persistent and perservering series of separting, tearing, ligating and dividing, was taken out of the then apparently (at a casual look) eviscerated subject, and the extensive wound stitched up, just before the patient breathed her last.

Notwithstanding, in some instances John Bull with selfcomplacent dignity and a sullen, icicle selfishness apparent, passes his American cousin, and even his European confrères; yet many London Doctors show the true gentlemen that they are, and seem willing and anxious to interest and entertain strangers from every land, and I shall return to America glad that I came, and with many pleasant recollections connected closely with medical men of the great city of London.

University Hospital is one of the smallest but also one of the best arranged in the city, one of the features of the institution is the rooms for bathing gotten up by the late Dr. Tillbury Fox. The baths are of every description and of perfect workmanship. Annexed to them is a disinfecting room where cloth-

ing is disinfected by hot air. There we met Dr. Marcus Beck, one of the junior surgeons but one who has good stuff in him and is remarkably kind and considerate.

The museum is small but has some very rare specimens in it.

I have visited the Golden Square Throat Hospital and its branch on the south side of Thames, but I will make the reports from these hospitals after I have visited others.

At present, there are 839 physicians registered at the Royal College of Physicians. Next Tuesday will be the opening day of the Congress.

An Informal Reception will take place at the Royal College of Physicians, Pall Mall East, on Tuesday Afternoon, Aug. 2nd, from 3 P. M. to 6 P. M., at which the Executive and Reception Committees will meet the members of the Congress.

The Opening meeting of the Congress will be held in St. James's Great Hall, on Wednesday, Aug, 3rd, at 11 A. M. The other General Meetings will also be held there. Entrances in Regent Street and Piccadilly.

The Offices of the Reception Committee are in the College of Physicians, Pall Mall East, at the North-West corner of Trafalgar Square.

The Reception Committee will meet during the week at 3 P. M. in the Censor's Room of the College of Physicians.

The Office of the Reception Committee at the College of Physicians will be open for the Registration of Members on and after Monday, July 18th. Members are requested to call at the College as soon as possible, after their arrival in London, to enter their names and addresses in the register, when they will be supplied with programmes of business and tickets for membership. Every possible information will be given as to the excursions and entertainments, and the prices and situations of convenient hotels and lodgings.

By the kindness of the directors of the United Telephone Company, the medical congress has been placed in direct communication with the exchange system of that company. It will therefore be competent for any one attending the Congress to hold conversation by means of the telephone with any of the subscribers to the company.

The United Telephone Company has also erected for the use of the Congress a private line, which connects the College

of Physicians in Pall Mall East, with Burlington House, and thus affords facilities for verbal communication between those two points.

Members wishing to take part in any of the Excursions, or to visit any of the private and public places of interest open on the occasion, must enter their names in the proper book, at the College of Physicians, at the earliest opportunity, in order that the necessary arrangements may be made.

The Office of the Editors of the Daily Programme is on the first floor in the College of Physicians, where the MSS. of all business to be transacted in the Sections on the next day must be handed in before 4 P. M.

The Hon. Secretary-General's room is at the College of Physicians, on the ground floor, at the right-hand side of the stair case.

A reading and writing room is provided at the College of Physicians, where members can see the Journal and write letters. Letters for members may be addressed here during the meeting of the Congress.

A postal and telegraph office is situated on the left-hand side of the entrance to the Courtyard of Burlington House, Piccadilly.

Facilities will be afforded every day during the session of the Congress, between the hours of 2 P. M. and 3.30 P. M., to members desirous of visiting the London hospitals and medical schools and their museums. Special arrangements have been made for afternoon hospital visits on Thursday, Aug. 4th, and Friday Aug. 5th, when the members of the staff of each hospital and school, as far is practicable, will attend. The officers of the sections will afford information respecting visits which members may desire to make to special hospitals other than those mentioned in the programme, or to institutions of interest to the members of the Section.

Members of the Congress are admitted free, on presentation of their tickets of membership, to view the International Medical and Sanitary Exibition at South Kensington, at which will be exhibited the various materials and apparatus employed in the prevention, detection, cure, and alleviation of disease.

All applications for books of abstracts should be made at the Royal College of Physicians.

The Laryngological Section at the International Medical

Congress is well represented. There are some seventy-five laryngologists present among who may be mentioned: Fauvel, Loewenberg, Krishaber, Gunguenheim, Fournié and Cadier of Paris, Moure (Bordeaux), Bayer, Capart (Brussels), Schiffers (Liége), Eeman (Gent), Koch (Luxemburg), Guyé (Amsterdam), B. Franckel, Fritsche, Lewin, Böcker, and Krause of Berlin; Bäumler (Freiburg), Schäffer (Bremen), Meyer (Copenhagen), Turatz (Heidelberg), Voltolini, Gottstein (Breslau), Riegel (Giessen), Gerhardt, Rossbach (Wurtzburg), Burow (Königsberg), Michel, Hopmann (Cologne), Tornwalt (Dantzig), Mermagen (Mannheim), Steffen (Stettin), E. Fränckel (Hamburg), Schnitzler (Vienna), Herring, Karwowski (Warsaw), Alberti (Genoa), Caselli (Reggio), Lefferts, Lincoln Bosworth (New York), Cohen (Philadelphia), Roe (Rochester) and Rumbold (St. Louis).

G. Johnson is chairman and De Havilland Hall, Walker and Semon, secretaries. M. Mackenzie, Spencer Watson, Poore, Semple, Prosser James, Whistler, L. Browne and Woakes of London, Foulis (Glasgow) and many others will attend. Over 300 papers have been offered, but owing to want of time only 30 will be read.

Illinois is nobly represented by the elder of her delegates who has been here—in Europe—for months. He can be distinguished for blocks by his towering form and long grey ringlets surmounted by a faultless "stove-pipe" of old gold.

ARREST OF DEVELOPMENT.

EDITORS JOURNAL:—I wish to report a case of arrest of developement.

I was called on the 30th of last July, to attend a Mrs. T., in her thirteenth labor. After several hours of suffering, she was delivered of a fourteen pound child. Everything about the child was normal except the head, in which there was an entire absence of both of the parietal and frontal bones. The occipital and temporal bones were in their normal positions. The superior surface of the head was flat except in the center, where a tumor, about the size of a hen's egg, protruded through the scalp and contained cerebral matter. It was covered by the meninges alone. The mother had a severe fall in the third month of pregnancy. The parents of this deformed child were the children of two brothers. The child lived five hours and had great difficulty in breathing, from the time of its birth until it died.

C. C. VALLE, M. D.
Perryville, Mo.

Editorial.

ARTICLE XXXIX.

ST. LOUIS' SUPPLY OF WATER.

It has been known for a long time that St. Louis is not adequately supplied with water, but not till recently was there any alarm. The water supply now threatens to give out very soon unless some energetic means are taken to prevent a certain amount of wastage which would only, however, put off the inevitable for a short time. The demand at present is greater than the supply and, to our minds, the only way to remedy this is to increase the supply by adding suitable machinery. It would be very bad policy and even criminal negligence to let a city like this one, suffer a water famine; for, apart from the great inconvenience it would occasion, the sanitary aspects of the question are not less important if not more so. It has always been said that it is through the liberal use of water, that St. Louis has preserved such a healthy standard, despite the enormous fluctuations in temperature, and all the death-dealing causes found prevailing in large cities.

We hope to see the whole medical profession of the city rise up like one man, and demand that water be supplied plentifully. Let it be wasted; better waste a few thousands for the sake of cleanliness and health, than economize by paying with the lives of useful citizens. That this will be done is far from certain. There is some legal impediment attached to the erection of additional water-works, which our State Legislature imposed some years ago. If, however, such impediment is found to be to any high degree detrimental to the welfare of the city, justice demands that it be removed forthwith.

It has already happened that those residing in elevated portions of the city could have no water, and the problem of a proper water supply to the city is assuming proportions, great enough to claim public attention.

Book Reviews.

Article XL.

On the Antagonism Between Medicines and Between Remedies and Diseases. Being the Cartwright Lectures for the year 1880. By Roberts Bartholow, A. M., M. D., L L. D. 8vo. pp. 122. (New York: D. Appleton & Co; 1881.) Price $1.25.

Dr. Bartholow had the honor of delivering the first course of the Cartwright Lectures, and his six lectures are such as to reflect honor upon the bequest of the late Mr. Cartwright as well as upon the lecturer himself.

The lectures have been reproduced in medical journals, and have been so extensively read by the profession that it seems almost useless to dwell upon them here. However, there may be some who have not had the pleasure and advantage of reading these lectures, and to them we commend a careful perusal, of what cannot fail to be to them a most useful series of lectures.

In the first lecture the author gives an introductory sketch of the foundation of the Cartwright lectures, calling attention to the fact, that private beneficene is rarely, if ever, turned in the direction of medicine. In the next four lectures the antagonism of remedies are considered, all the principal ones receiving attention.

In the two concludinglectures are considered the antagonism between remedies and diseases. It is, perhaps, to be regretted that the limit set down was such as to preclude the lecturer from entering more fully into his subject, and from considering a greater number of medicines and diseases. As far as he has gone he has done excellently, but he has not gone far enough. It is to be hoped that Dr. Bartholow will not rest satisfied with this, but that at some future period he will continue the subject at greater length and in greater detail. We are sure that such a move would meet with general commendation, at the hands of the profession.

As it is, this series of lectures, will be of the greatest service to those whose ideas, on the subjects embraced, are not clear and definite. It will be found to clear up many doubts and render a pathway, otherwise rugged, smooth and pleasant.

Lectures on Diseases of the Nervous System, Especially in Women. By S. Weir Mitchell, M. D., with Five Plates, 12mo. pp. 238. (Phila: Henry C. Lea's Son & Co. 1881.)

This is a series of thirteen lectures upon a number of nervous diseases, which the author has deemed of a certain importance especially in their relations to women. The Paralysis of Hysteria is the subject of the first lecture, the histories of cases being given before the consideration of the subject proper is entered into.

In regard to hysterical half-palsies he states that they involve more or less all of one side, except the face. He has also found the patellar tendon reflex wanting in some cases, contrary to the opinion of Charcot and Buzzard who both state that it is exaggerated on the affected side.

In the next lecture Hysterical Motor Ataxia is considered and followed in the next by a notice of Mimicry in Diseases. The causes of this he attributes to the hysterical state, and to that designated "general nervousness." A general lowering of the health is also given as a cause. The author says that "there exists in all of us, feebler in age and more potent in childhood, a tendency to automatic and unconscious imitation which is the parent of a good deal of the mimicry of disease.....and it is in them responsible for a good many of the peculiarities and resemblances set down to inheritance." It would, perhaps, be a difficult matter for Dr. Mitchell to uphold this doctrine; for it has been a matter of common observation that children have tricks of manner and of speech peculiar to grand-parents who died before the children were born. In such cases mimicry is entirely out of the question.

Unusual Forms of Spasmodic Affections in Women; Tremor —Chronic Spasms; Chorea of Childhood; Habit Chorea; Disorders of Sleep in Nervous or Hysterical Persons; Vaso-Motor and Respiratory Disorders in the Nervous or Hysterical; Hysterical Aphonia; Gastro-Intestinal Disorders of Hysteria; and The Treatment of Nervous Exhaustion and Hysteria by Seclusion, Rest, Massage, Electricity and full feeding, are the subjects embraced in the remaining lectures.

The whole volume seems more particularly devoted to certain forms of hysteria, and is written in a pleasant colloquial style, abounding in illustrations, and containing but little of pathology or treatment that can be considered as of much scientific value or interest.

It is very pleasant reading albeit not as profitable as can be found elsewhere. The histories of cases, which are numerous, are well given and may well serve as guides for those whose manner of relating such things is not connected or systematic.

An Introduction to Pathology and Morbid Anatomy. By T. Henry Green, M. D., Lond. Fourth Edition from the Fifth Revised Edition, with 138 fine engravings, 8vo. pp. 137. (Phila: Henry C. Lea's Son & Co. 1881, St. Louis: Hugh R. Hildreth Printing Co.) Price $1.25.

Green has for a long time been used as a text-book in many of our leading colleges and is an author who soon acquires for himself the sympathy of his readers.

In this edition of his work, he has brought down pathology to the stage at which it has arrived to-day, and his theories are based upon Virchow's cellular pathology. The first chapter is devoted to the cell, and is a short and condensed generalization of the properties of cells and protoplasm. In the next succeeding chapters general pathological conditions, such as atrophy, necrosis, "degenerations," etc., are considered in very short order. This is perhaps better for the student, but it is far from satisfactory to the matured reader, whose ideas upon the subject are often more obscure than is convenient, and who look to a book like the present one, to throw a ray of light upon such questions. The microscopic appearances are profuse and pretty well given; but this is not enough. We always like to see some individuality in a book and this can only be achieved by the author advancing his views and opinions upon the subjects presented.

The classification of tumors, is essentially the same, as that in former editions and is perhaps as good a one as we can expect, with our present knowledge of the genesis of tumors. Under the head of Carcinomata, he says that "there is no *specific* 'cancer-cell'," stating that cells precisely similar are found in other morbid growths and also in the normal tissues. To our mind, however, there seems to be attached to the cancer-cell a certain perversion, not visible to the microscope, perhaps, which determines certain conditions peculiar to the cancer; and, in this regard, the cancer-cell may well be considered *specific*.

Cysts are disposed of in a very few pages, as if of not sufficient importance to deserve any lengthened notice. The subject is deserving of more attention, and we hope at some future epoch, more and a greater amount of time and space will be devoted to this subject, which is as yet a comparatively uncultivated field, which by careful tilling will yield rich harvests.

Changes in the blood and circulation including anæmia, hyperæmia, inflammation, embolism, etc., occupy several chapters. In regard to tubercles, he states that it is the products of scrofulous inflammation which are the most common cause of acute tuberculosis. After considering the tuberculosis of various structures of the body, he turns his attention to pyæmia and septicæmia. In regard to the relative importance of bacteria, in producing septicæmia, various authors are quoted, the conclu-

sion being that the septic poison is a product of the growth of bacteria; but bacteria are incapable of producing the poison in the healthy organisms. It is in the products of injured tissues, that the development of bacteria and production of poison can take place; and it is, consequently, in some inflammatory lesion that septic processes, for the most part originate.

Syphilis, inflammation of non-vascular tissues, of bone and of the viscera are considered, the book terminating with a chapter on phthisis, and an addition of a chapter on mounting microscopical objects.

The heading of "Non-vascular Tissues" is an unfortunate one, as all tissues are histologically non-vascular. There is no tissue in the body that is not extra-vascular, being bathed in a liquid that both provides nutrition and takes away detritus. The author includes the cornea in "non-vascular tissues," when it is a matter of common observation to see comparatively large blood-vessels in it, when in certain pathological conditions. The inference is that they existed previously though not visible to the ordinary eyesight. Connective tissue and bone, doubtless have as many blood-vessels passing through them as muscle, and a better heading and one less misleading ought to be adopted by the author.

The book has many good points about it, and it has met with success by reason of them. This edition is well illustrated, although some, such as figs. 108 and 109, are very inferior and not at all as satisfactory as some of the drawings we have been presented with in the medical history of the late rebellion.

For the student this will prove a good hand-book, and be an introductory volume to larger, more elaborate and detailed works upon isolated subjects of pathology.

Geo. P. Rowell's American Newspaper Directory, Containing Accurate Lists of all the Newspapers and Periodicals in the United States, Territories and the Dominion of Canada, Thirteenth Annual Edition, 12mo. pp. 1204. (New York: Geo. P. Rowell & Co., 1881.)

This volume is handsomely gotten up, and contains about as much information on newspapers as it is possible to obtain. It is all in a compact form and easily obtained. On the whole it is a valuable reference book for the publisher and advertiser.

A Medico-Legal Treatise on Mal-practice, Medical Evidence and Insanity, comprising the elements of Medical Jurisprudence. By John Ellwell, M. D., Fourth Edition revised and enlarged, 8vo. pp. 6.00. (New York: Baker Voorhis & Co., 1881.) From the author. Price $6.00.

It is some twenty years since the author issued the first edition of this work which was so well received that it astonished himself and friends. This the fourth edition will not fail of meeting with a ready sale, being well written by a man who is not only a lawyer but a graduate in medicine and ought, therefore, know whereof he speaks.

In the first chapter is considered a subject of importance to every physician: the general principles of law applicable to medical men. In this is considered the exact amount of liability a physician or surgeon incurs in the treatment of a patient, and what the amount of skill and knowledge that is required of him. Some other questions bearing upon this latter subject occupy two chapters which are followed by mal-practice.

The responsibilities of druggists are considered in chapter XII. Then comes criminal mal-practice, abortion, evidence, experts, etc. Insanity in its various medico-legal aspects, is very thoroughly considered as well as poisons, infanticides, wounds and rape which are also treated of. The whole concludes with a chapter on the coroner's office and inquests.

This book has enjoyed a merited good reputation, and it is essentially American in character. The cases cited, and they are numerous, are American and occurred in American courts, and therefore of more interest perhaps, than the oft quoted English ones found in Taylor and other authors.

The chapters on insanity are well written and could be profitably read by many of our criminal lawyers, and with as much advantage by a great many of our so-called "experts" in insanity, who seem to be always ready to testify for the side which gives them a retainer.

The author has received so many flattering testimonials at the hands of others, that it is quite superfluous for us to add anything to the deserving compliments bestowed upon this valuable work.

ANATOMICAL PLATES, arranged as a companion volume for "The Essentials of Anatomy" and for Works upon Descriptive Anatomy, Comprising Four Hundred and Thirty-Nine Designs on Steel by Prof. J. N. Massé, of Paris, and numerous diagrammatic cuts selected or designd by the editor togeth wither explanatory letter-press. Edited by AMBROSE L. RANNEY, A. M., M. D. small 4 to. (New York: G. P. Putnam's Sons. 1881. St. Louis: Hugh R. Hildreth Printing Co.) Price $ 3.00.

These plates are well executed steel engravings for the most part; to those, possessed of acute vision, of the greatest value. To others, not so fortunate, this cannot be the case for the fig-

ures are very small. An anatomical atlas above all things must of a sufficient size to enable the student to perceive readily, the smaller details without doing violence to the definite proportions which exist in nature. The scope of these plates is large and it is with reluctance that we point to these defects.

The large, colored atlases can never be supplanted by small plates like the ones before us. It is true that they are less bulky, and may serve their purpose when mere general outlines are sought. They also possess an advantage which is sometimes a potent factor in the purchase of books; the volume is very cheap and is one which is worth much more than the price demanded for it.

The diagrams are very useful and will prove of great help in connection with the "Essentials of Anatomy." They are quite numerous and well selected.

Some of the defects of this book are that a great many figures in the plates are upside down, thus necessitating frequently, a turning around of the book.

The book is published at about one-third the price of Massé's, and the publishers claim that the execution is fully equal to that of the Paris edition. They deserve a hearty support for their enterprise and many will no doubt, avail themselves of this opportunity of procuring a valuable work at such cheap rates.

The type and binding are unexceptionable.

Books and Pamphlets Received.

ARTICLE XLI.

American Nervousness. Its Causes and consequences. A Supplement to Nervous Exhaustion (Neurasthenia). By George M. Beard, A. M., M. D. 12mo. pp. 352. (New York: G. P. Putnam's Sons, 1881. St. Louis: Hugh R. Hildreth Printing Co.) Price $1.50.

A Manual of the Practice of Medicine. Designed for the use of Students and the General Practitioner. By Henry C. Moir, M. D. 12mo. pp. 455. (New York: Steam Press of the Industrial School, H. O. A., 1881.) From the Author.

Habitual Mouth Breathing: Its Causes, Effects and Treatment. By Clinton Wagner, M. D. 12mo. pp. 52. (New York: G. P. Putnam's Sons, 1881. St. Louis: Hugh R. Hildreth Printing Co.) Price 75 cents

On Eye Affections from Malarial Poisoning. By Chas. J. Kipp, M. D. (Extracted from the Transactions of the Medical Society of New Jersey.)

Trichinæ (Pork Worms or Flesh Worms.) How to detect them; and how to avoid them. Being a popular account of their habits, modes of propagation, and means of dissemination. Intended for the use of farmers, butchers, pork dealers and consumers of pork. By John Phin. (Rochester: Bausch and Lomb Optical Co. 1881.)

Glaucoma, caused by Mental Worry, illustrated by the Report of a Case. By Leartus Connor, A. M., M. D, (Reprint from the *Detroit Lancet*, July 1881.)

Stenosis of the Larynx, with Fibrous Adhesive Bands of the True Vocal Cords; Tracheotomy, Rupture of Bands and Cure of Stenosis by General and Local Treatment. Some Remarks concerning the Value of the Galvano-Cautery in Treatment of Diseases and Growths of the Naso-Pharynx. By W. H. Daly, M. D. (Reprinted from the Transactions of the American Medical Association for 1880.)

Tubercular Laryngitis or Laryngeal Phthisis. By C. H. Lundy, M. D. (Reprinted from *The Physician and Surgeon* Feb. 1881.)

Observations with the Hæmacytometer, upon the Globular Composition of the Blood and Milk. By Fredrick P. Henry, M. D. Being the Cartwright Prize Essay.

The Remedial Properties of the Hot Springs, Ark. Also a Brief Consideration of the Locality as a resort for Phthisical Invalids. By Chas. H. Lathrop, M. D. (St. Louis: 1881.)

Forty-fifth Annual Announcement of the Medical Department of the University of Louisville. Session of 1881–82.

Announcement and Catalogue of the St. Louis College of Physicians and Surgeons. Session 1881–82.

Thirty-ninth Annual Announcement of Rush Medical College, Chicago. Session 1881–82.

Announcement of the Twenty-first Annual Course of Instruction at the Bellevue Hospital Medical College. Sessions of 1881–82.

Sixty-first Annual Catalogue and Announcement of the Medical College of Ohio, Cincinnati. Session of 1881–82.

Second Annual Announcement and Catalogue of the Northwestern Medical College of St. Joseph, Mo. Session of 1881–82.

Announcement of the First Annual Session of the Medical Department of the University of Denver, Col. Session 1881–82.

Sixth Annual Announcement of the Medical College of Fort Wayne, Ind. 1881-82.

The Annual Announcement of the Department of Medicine and Surgery of the University of Michigan for 1881-82.

Forty-First Annual Announcement of the Missouri Medical College, formerly known as, "Mc Dowell College" St. Louis. Session 1881-82.

Twelfth Annual Announcement and Catalogue of the Woman's Medical College of Chicago. Session of 1881-82.

Annual Announcement of the St. Paul Medical College, Medical Department of Hamline University.

First Annual Announcement of the Medical Department of Kansas City. Session 1881-1882.

Post-Partum Atrophy of the Uterus. By Walter Coles, M. D. (Reprint from the *St. Louis Courier of Medicine*, August, 1881.)

News Items.

Article XLII.

The following physicians crossed the Atlantic in the Steam Ship Egypt as delegates to the International Medical Congress. Dr. G. W. Avery of Hartford, Conn., delegate from the Hartford Med. Society; Dr. Horace P. Farnham of New York City, delegate from the New York Academy of Medicine; M. S. Dean, D. D. S., and A. W. Harlan, D. D. S., delegates from the Illinois Dental Society; Dr. M. C. Husted, delegate from the Am. Med. Association; Dr. Thos. F. Rumbold, delegate from the St. Louis Medical Society, also as delegate to the British Medical Association.

We received too late for mention in the August number of the Journal a copy of the provisional programme of the International Medical Congress, and catalogue of Wm. Wood & Co's., publications. It is in a blue satin cover, gilt edged and altogether a very handsome little book, and well worthy of preservation as a memento of the occasion on which it was presented. Messrs. Wood and Co., have exhibited an amount of enterprise and good taste that will reflect honor on our American brethren abroad, and do credit to American publishers.

Brother Reynolds shake hands, we knew you would do it sometime or other, and it seems it has come. We are glad to *herald* the joyful tidings to our brother Ed's. The question at present agitating our manly breast is, will it be a boy or a girl?

Joseph Skoda, professor at Vienna and one of our foremost scientists, died June 13, 1881, aged 76.

Maurice Raynaud the distinguished French surgeon died lately. A paper prepared by him for the International Medical Congress, was read by one of his former colleagues.

The *Indiana Medical Reporter* some time since was transferred to Chicago, but it did not seem to flourish there. It was quietly buried and then resuscitated under the name of *The Western*

Medical Reporter. It is continued in the same style and is merely a change in name.

We have received the initial number of Martin's *Chemists' and Druggists' Bulletin.* It is quite a sprightly looking monthly and is neat in appearance. It is published by the same firm that introduced Martin's ready printed perforated addresses. The publication is issued to the drug trade gratis and reaches the amount of 30,000 monthly. This is very liberal on the part of the publishers and, no doubt, advertisers will patronize liberally such a good advertising medium.

The fifth annual meeting of the American Dermatological Association was held in Newport, Rhode Island, on August 30th and 31st, and September 1st.

The Saint Louis Medical Society, after a vacation during the summer months will meet again Saturday evening Sept, 10. It is hoped that a large attendance, for the remainder of the year, will be secured.

The Tri-State Medical Society of Illinois, Indiana and Kentucky meets in this city Oct. 25, 1881. There is no doubt that a large number will attend and that this will be one of the most successful meetings of that body ever held.

The latest novelty in appliances that we have heard of is celluloid eyes to replace the artificial eyes formerly made. The suggestion comes from a dentist in Berlin, who will make them, if he meets sufficient encouragement.

The march of improvement is going on. The St. Louis Medical College is building a fine dispensary; the Missouri Medical College is engaged in the same laudable enterprise; and we learn that the Female Hospital is to be open to Students this coming winter. Clinics are to be held there several times a week and a large amount of valuable material will thus be brought into use.

The American Ophthalmological Society held its Seventeenth Annual Meeting at Newport, R. I. July 27 and 28, the meeting being quite a successful one.

The American Otological Society held its Fourteenth Annual Meeting at the same locality on July 26, a number of valuable papers being contributed.

The Tri-State Medical Society, representing the states of Illinois, Indiana and Kentucky, holds its fifth annual session in the city of St. Louis on the 25th, 26th and 27th days of Oct. next. This is in response to an invitation extended to the society from the visiting St. Louis members at the Louisville session a year ago. This organization has no other object than the improvement of medical and surgical science. All political, sanitary and social questions are considered without its scope. It does not so much as have a constitution and by-laws, but entrusts the conduct of its affairs to the discretion of its chairman and committee of arrangements. Its sessions are not encumbered with any "extraordinary business", nor business of any kind, except the reading and discussion of papers. As a consequence of this arrangement the proceedings of each of its sessions, have been sufficient to form a handsome volume of from three to four hundred pages. There is every reason to expect that the coming session will be fully up to the past record. This however will depend largely upon the sympathy and coöperation extended by the profession of St. Louis. The profession at large has a standing invitation to participate in the proceedings. Not only to partake in the discussions, but also, in the reading of papers. All papers are required to be limited to the time of twenty-five minutes. A number of men prominent in the profession have signified their intention to be present at the St. Louis Session.

F.

Correction.—Our Stenograghic reporter committed an error in making Dr. Wesseler say that Dr. Wm. Pepper read a paper on "Vaccination" (p. 182); it should have been that Dr. Pepper read the opening address in the Section on Practice of Medicine.

ARTICLE XLIII.

DEATHS AND RATE OF MORTALITY

Per 1000 Inhabitants, Annually, in the Largest American and Foreign Cities, According to the Latest Returns.

CITIES.	Population.	DATE OF RETURN.	Deaths from all Causes.	Anual Death Rate per 1000	Mean Ther. Range.
New York	1,206,577	Week Ending Aug. 6,	838	36 2	.....
Philadelphia	846,980	" " "	398	24.5	.....
Brooklyn	566,689	" " "	401	36.9	.....
St. Louis	350,522	" " July 30,	168	24.7	.....
Chicago	503,304	" " Aug. 6,	527	54.6	.....
Baltimore	332,190	" " "	.....	.....	.....
Boston	362,555	" " "	197	28.3	.....
San Francisco, Cal	233,956	" " "	72	16.1	.....
Cincinnati	255,708	" " "	142	29.0	.....
New Orleans	206,140	" " "	93	22.4	.....
Buffalo	155,137	" " "	113	38.0	.....
Cleveland	160,140	" " "	125	40.8	.....
Washington, D. C	180,000	" " "	115	33.2	.....
Pittsburgh	156,381	" " "	107	35.7	.....
Newark	136,400	" " "	107	29.6	.....
Detroit	116,342	" " July 2,	47	.....	.....
Milwaukee Wis	115,578	" " Aug. 6,	80	36.1	.....
Richmond Va	63,803	" " "	45	36.8	.....
New Haven, Conn	62,882	" " July 30,	22	18.2	.....
Charleston	49,999	" " "	31	32.3	.....
Memphis, Tenn	33,593	" " Aug. 6,	23	35.7	.....
Mobile	31,205	" " "	24	40.1	.....
Boulder, Col	3,069	" " "	2	34.0	.....
Galveston	22,253	" " "	9	21.1	.....
Indianapolis	75,074	" " "	40	27.8	.....
Springfield, Mass	33,340	" " "	25	39.1	.....
Nashville, Tenn	43,461	" " July 30,	29	34.8	.....
Sacramento	21,500	" " "	.....	.....	.....
St. Paul, Minn	41,498	" " Aug. 6,	35	43.8	.....
London	3,707,130	" " July 23,	1,943	26.5	66.4
Paris	1,988,806	" " " 30,	1,259	33.0	.....
Berlin	1,123,571	" " " 16,	1,062	49.2	69.1
Vienna	731,191	" " " 23,	387	27.5	72.1
Buda-Pesth, Hung	370,037	" " June 25,	262	36.9	.....
Shanghai	3,000	" " June 18,	255	24.2	.....
Cape Town, Africa	35,000	" " July 11,	27	40.2	64.7
Liverpool	549,834	" " "	257	24.9	.....
Genoa, Italy	185,000	" " " 23,	43	23.9	84.7
Calcutta	429,535	" " " 2,	162	19.6	84.1
Hamburg (state)	400,000	" " " 9,	198	25.8	.....
Warsaw, Russia	379,763	" " " 16,	243	33.8	66.7
Brussels	406,638	" " " 23,	193	25.2	.....
Stockholm, Sweden	173,433	" " " 9,	66	19.3	58.6
Dublin	333,401	" " " 16,	136	20.3	.....
Lyons, France	342,815	" " " 2,	186	28.3	.....
Amsterdam	316,952	" " May 28,	65	22.3	.....
Sheffield	304,938	" " July 16,	102	18.6	62.2
Leipzic, Saxony	151,616	" " " 23,	90	30.8	.....
Breslau	273,000	" " " 16,	232	43.3	67.1
Copenhagen, Den	235,254	" " " 19,	100	22.1	64.7
Christiania, Norway	120,000	" " " 2,	31	13.4	59.2
Alexandria	220,000	" " " 16,	133	31.0	.....
Dresden	220,216	" " " 16,	123	29.0	66.2
Bradford	197,196	" " " 23,	52	14.7	.....
Seville, Spain	138,000	" " June 25,	75	18.4	.....
Tangier, Morocco	15,000	" " July 16,	14	48.7	79.0
Rouen, France	104,209	" " " 30,	65	32.4	.....
Dundee	155,100	" " " 16,	17	19.1	63.1
Geneva, Switz	50,233	" " " 9,	28	18.5	.....
Prague	333,401	" " June 25,	167	33.4	68.4
Havana	195,437	" " July 30,	179	46 0	84.0
Vera Cruz, Mexico	20,000	" " May 21,	155	41.4	0 08

METEOROLOGICAL OBSERVATIONS.

By A. WISLIZENUS, M. D.

The following observations of daily temperature in St. Louis are made with a MAXIMUM and MINIMUM thermometer (of Green, N. Y.). The daily minimum occurs generally in night, the maximum at p. m. The monthly mean of the daily minima and maxima added and divided by two, gives quite a reliable mean of the monthly temperature.

THERMOMETER, FAHRENHEIT—AUG., 1881.

Day of Month.	Minimum.	Maximum.	Day of Month	Minimum.	Maximum.
1	70.5	92.5	18	76.0	93.0
2	72.5	95.0	19	76.5	87.5
3	75.0	97.5	20	72.5	86.0
4	74.5	98.0	21	69.0	85.5
5	78.0	97.5	22	66.5	86.0
6	79.0	96.5	23	69.5	91.5
7	75.0	89.0	24	71.0	93.0
8	67.5	89.0	25	74.0	94.5
9	77.0	102.0	26	74.0	98.0
10	80.0	99.0	27	76.0	100.0
11	80.0	101.0	28	76.0	98.5
12	82.0	**104.0**	29	79.0	92.5
13	77.0	89.5	30	71.5	91.5
14	70.0	82.0	31	76.0	93.5
15	**65.0**	86 5			
16	66.0	90.5	Means	73.7	93.4
17	68.0	95.0	Monthly Mean.	83.5	

Quantity of rain, 0.24 inches.

MORTALITY REPORT.---CITY OF ST. LOUIS.

FROM JULY, 9, 1881, TO AUG., 27, 1881, INCLUSIVE.

Heat Stroke..... 101	Childbirth..... 5	Convulsions & Trismus Neonatorum127	Syphilis..... 2
Scarlatina.....12	Inanition, Want of Breast Milk, etc.42	Hydrocephalus and Tub. Meningitis.13	Apoplexy 20
Pyæmia & Septicæ 5	Alcoholism.. 17	Meningitis & Encephalitis .... .65	Dis. fem. gen. org. 5
Erysipelas 4	Rheumat'm & Gout 1	Other Diseases of the Brain and Nervous System90	Surgical Operation 0
Diphtheria 13	Cancer and Malignant Tumor.....25	Cirrhosis of Liver and Hepatitis ...28	Premature Birth 0
Membran's Croup. 2	Phthisis & Tuberculosis, Pulmon133	Enteritis, Gastro-Enteritis, Peritonit, and Gastritis' 54	Deaths by Suicide 15
Whooping Cough. 23	Bronchitis.. 16	Bright's Disease and Nephritis...12	Deaths by Accid't 64
Ovarian tumor.... 0	Senility 29	Other Diseases of Urin ary Organs. 2	Deaths by Homicide 9
Measles 0	Pneumonia.....36	Diabetes..... 0	Congen Defor'ty.. 76
Typhoid Fever....37	Heart Diseases....48		Total Deaths from all Causes 1766
Cerebro Spinal Fev19	Other Diseases of Respir'y Organs 18		Total Zymotic Diseases 675
Remittent, Intermittent, Typho-Malarial, Congestive & Simple Contin'd Fevers,84	Caries 1		Total Constitutional Diseases.....271
Puerperal Fevers..15	Marasmus — Tabes Mesenterica and Scrofula 94		Total Local Diseases 621
Diarrhœal Disea's392	Other Const. Dis. 6		Total Develop'tal Diseases 111
Other Zymotic Diseases 8			Deaths by Viol'ce 88

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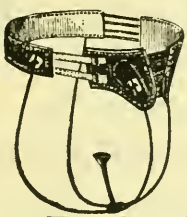

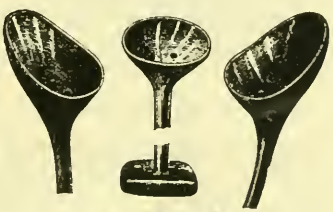

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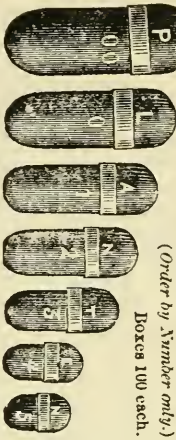

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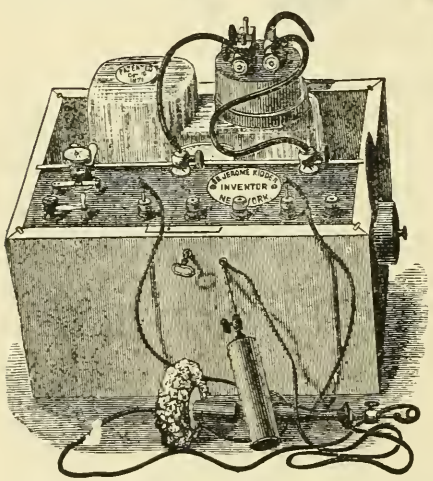

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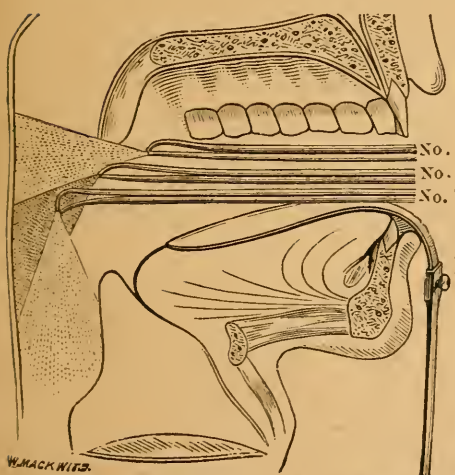

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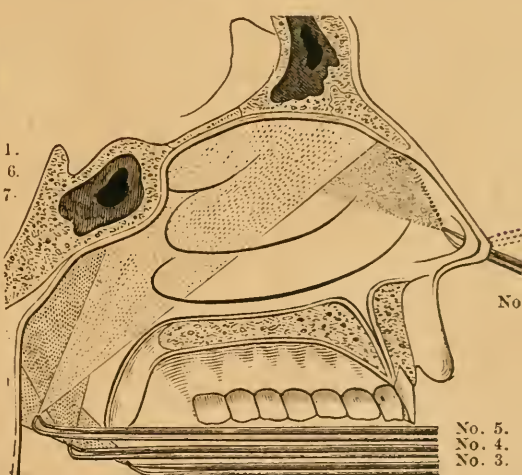

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